

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Piccinini 4 Congress

ADDRESS (number and street)

P.O. Box 602

Check if different
than previously
reported. (ACC)

Oakley

CA

94561

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00845438

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CA

10

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

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

through

M M / D D / Y Y Y Y
06 / 30 / 2026*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

Piccinini, Katherine, , ,

Signature of Treasurer

Piccinini, Katherine, , ,

Date

M M / D D / Y Y Y Y
07 / 15 / 2026

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

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Piccinini 4 Congress

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y
06 30 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	1090.00	21517.48
(b) Total Contribution Refunds (from Line 20(d))	0.00	22.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1090.00	21495.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2294.65	19148.29
(b) Total Offsets to Operating Expenditures (from Line 14)	136.05	174.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2158.60	18973.61
8. Cash on Hand at Close of Reporting Period (from Line 27)	6836.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	9625.33	

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Piccinini 4 Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	4		2	0	2	6

To:

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

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

875.00

12021.00

(ii) Unitemized.....

215.00

9496.48

(iii) TOTAL of contributions from individuals ▶

1090.00

21517.48

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

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

1090.00

21517.48

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

136.05

174.68

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

0.00

0.00

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

1226.05

21692.16

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2294.65	19148.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	22.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	22.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2294.65	19170.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7904.96
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1226.05
25. SUBTOTAL (add Line 23 and Line 24).....	9131.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2294.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6836.36

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 38

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

Grcar, Joseph, , ,

A.

Mailing Address 6059 Castlebrook Drive

City

Castro Valley

State

CA

Zip Code

94552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 16 2026

Transaction ID : SA11AI.5846

Amount of Each Receipt this Period

50.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Grcar, Joseph, , ,

B.

Mailing Address 6059 Castlebrook Drive

City

Castro Valley

State

CA

Zip Code

94552

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 21 2026

Transaction ID : SA11AI.5865

Amount of Each Receipt this Period

50.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Hall, Beverly, , ,

C.

Mailing Address 5041 Laurel Drive

City

Concord

State

CA

Zip Code

94521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 09 2026

Transaction ID : SA11AI.5868

Amount of Each Receipt this Period

100.00

☐ Memo Item
Donation

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

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

200.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 38

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

Piol, Larry, , ,

A.

Mailing Address 25 Foothill Place

City

Pleasant Hill

State

CA

Zip Code

94523

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 21 2026

Transaction ID : SA11AI.5851

Amount of Each Receipt this Period

250.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Salvato, Patti, , ,

B.

Mailing Address 510 Freya Way

City

Pleasant Hill

State

CA

Zip Code

94523

FEC ID number of contributing
federal political committee.

C

Name of Employer
DTA

Occupation
Accountant

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 27 2026

Transaction ID : SA11AI.5848

Amount of Each Receipt this Period

50.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Salvato, Patti, , ,

C.

Mailing Address 510 Freya Way

City

Pleasant Hill

State

CA

Zip Code

94523

FEC ID number of contributing
federal political committee.

C

Name of Employer
DTA

Occupation
Accountant

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : SA11AI.5867

Amount of Each Receipt this Period

50.00

☐ Memo Item
Doantion

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

350.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 38

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

Wolf, Nancy, , ,

A.

Mailing Address 1815 Dixon Lane

City

Concord

State

CA

Zip Code

94521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 22 2026

Transaction ID : SA11AI.5847

Amount of Each Receipt this Period

275.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

Wolf, Nancy, , ,

B.

Mailing Address 1815 Dixon Lane

City

Concord

State

CA

Zip Code

94521

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 09 2026

Transaction ID : SA11AI.5870

Amount of Each Receipt this Period

50.00

☐ Memo Item
Donation

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

325.00

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

875.00

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

PAGE 8 OF 38

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 410 Terry Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2026

City
N SeattleState
WAZip Code
98109

FEC Identification Number

C C00845438Purpose of Disbursement
prime membership

001

Amount of Each Disbursement this Period

16.30

Transaction ID : SB17.5877

☐ Memo ItemCandidate Name
Piccinini 4 CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 410 Terry Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2026

City
N SeattleState
WAZip Code
98109

FEC Identification Number

C C00845438Purpose of Disbursement
pinwheels parade

007

Amount of Each Disbursement this Period

28.26

Transaction ID : SB17.5878

☐ Memo ItemCandidate Name
Piccinini 4 CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 410 Terry Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2026

City
N SeattleState
WAZip Code
98109

FEC Identification Number

C C00845438Purpose of Disbursement
flags parade

007

Amount of Each Disbursement this Period

81.55

Transaction ID : SB17.5879

☐ Memo ItemCandidate Name
Piccinini 4 CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

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

126.11

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

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

PAGE 9 OF 38

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 410 Terry Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2026

City
N SeattleState
WAZip Code
98109

FEC Identification Number

C	C00845438
---	-----------

Purpose of Disbursement
flags large

007

Amount of Each Disbursement this Period

96.78

Transaction ID : SB17.5880

☐ Memo ItemCandidate Name
Piccinini 4 CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

B. Amazon

Mailing Address 410 Terry Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2026

City
N SeattleState
WAZip Code
98109

FEC Identification Number

C	C00845438
---	-----------

Purpose of Disbursement
pinwheels parade

007

Amount of Each Disbursement this Period

208.74

Transaction ID : SB17.5881

☐ Memo ItemCandidate Name
Piccinini 4 CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

C. Amazon

Mailing Address 410 Terry Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2026

City
N SeattleState
WAZip Code
98109

FEC Identification Number

C	C00845438
---	-----------

Purpose of Disbursement
small flags

007

Amount of Each Disbursement this Period

54.36

Transaction ID : SB17.5891

☐ Memo ItemCandidate Name
Piccinini 4 CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

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

359.88

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

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

PAGE 10 OF 38

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 410 Terry Avenue

City
N SeattleState
WAZip Code
98109Purpose of Disbursement
pinwheels

007

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

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

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

35.52

Transaction ID : SB17.5887

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Anedot

Mailing Address 1340 Poydras St

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
MONTHLY C/C FEE MAY

001

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	6

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

19.20

Transaction ID : SB17.5862

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Anedot

Mailing Address 1340 Poydras St

City
New OrleansState
LAZip Code
70112Purpose of Disbursement
credit card fee

001

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

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

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

9.40

Transaction ID : SB17.5893

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

64.12

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

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

PAGE 11 OF 38

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

A. Contra Costa County Registrar

Mailing Address 555 Escobar Street

City
MartinezState
CAZip Code
94553Purpose of Disbursement
data lists district 10

001

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M	D D	Y Y Y Y
06	05	2026

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

202.50

Transaction ID : SB17.5885

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Costco

Mailing Address 2201 Verne Roberts Circle

City
AntiochState
CAZip Code
94509Purpose of Disbursement
watch party food

007

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M	D D	Y Y Y Y
06	01	2026

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

39.35

Transaction ID : SB17.5874

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dollar Store

Mailing Address 51 W Sand Creek Road

City
BrentwoodState
CAZip Code
94513Purpose of Disbursement
watch party decorations

007

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

M M	D D	Y Y Y Y
05	18	2026

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

55.95

Transaction ID : SB17.5855

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

297.80

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

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

PAGE 12 OF 38

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

A. Dollar Store

Mailing Address 51 W Sand Creek Road

Date of Disbursement

M M	D D	Y Y Y Y
05	22	2026

City
BrentwoodState
CAZip Code
94513Purpose of Disbursement
watch party products

007

FEC Identification Number

C C00845438

Candidate Name
Piccinini 4 CongressCategory/
Type

Amount of Each Disbursement this Period

11.41

Transaction ID : SB17.5859

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

B. Dollar Store

Mailing Address 51 W Sand Creek Road

Date of Disbursement

M M	D D	Y Y Y Y
05	31	2026

City
BrentwoodState
CAZip Code
94513Purpose of Disbursement
watch party decorations & products

007

FEC Identification Number

C C00845438

Candidate Name
Piccinini 4 CongressCategory/
Type

Amount of Each Disbursement this Period

46.80

Transaction ID : SB17.5861

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

C. Dollar Store

Mailing Address 51 W Sand Creek Road

Date of Disbursement

M M	D D	Y Y Y Y
06	01	2026

City
BrentwoodState
CAZip Code
94513Purpose of Disbursement
watch party decoration

007

FEC Identification Number

C C00845438

Candidate Name
Piccinini 4 CongressCategory/
Type

Amount of Each Disbursement this Period

18.86

Transaction ID : SB17.5872

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

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

77.07

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

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

PAGE 13 OF 38

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

A. Dollar Store

Mailing Address 51 W Sand Creek Road

Date of Disbursement

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

City
BrentwoodState
CAZip Code
94513

FEC Identification Number

C C00845438

Purpose of Disbursement
watch party decor and table

007

Amount of Each Disbursement this Period

46.80

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Transaction ID : SB17.5875

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Go Daddy.com

Mailing Address 2155 E Go Daddy Way

Date of Disbursement

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

City
TempeState
AZZip Code
85284

FEC Identification Number

C C00845438

Purpose of Disbursement
Godaddy monthly data platform

001

Amount of Each Disbursement this Period

89.99

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Transaction ID : SB17.5858

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kiwanis Club

Mailing Address P.O. Box 680

Date of Disbursement

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

City
AlamoState
CAZip Code
94507

FEC Identification Number

C C00845438

Purpose of Disbursement
regisration fee parade

007

Amount of Each Disbursement this Period

250.00

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

Transaction ID : SB17.5886

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

386.79

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

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

PAGE 14 OF 38

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

A. Office Depot

Mailing Address 5885 Lone Tree Way

Date of Disbursement

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

City
AntiochState
CAZip Code
94531Purpose of Disbursement
printing

007

FEC Identification Number

C C00845438

Candidate Name
Piccinini 4 CongressCategory/
Type

Amount of Each Disbursement this Period

14.22

Transaction ID : SB17.5884

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

B. Square Space Inc

Mailing Address 225 Varick Street 12th floor

Date of Disbursement

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

City
New YorkState
NYZip Code
10014Purpose of Disbursement
website

001

FEC Identification Number

C C00845438

Candidate Name
Piccinini 4 CongressCategory/
Type

Amount of Each Disbursement this Period

286.00

Transaction ID : SB17.5890

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

C. Thatcher, Lisa, , ,

Mailing Address 159 Algiers

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	6

City
PachecoState
CAZip Code
94523Purpose of Disbursement
lunch for Tea Party

007

FEC Identification Number

C C00845438

Candidate Name
Piccinini 4 CongressCategory/
Type

Amount of Each Disbursement this Period

118.73

Transaction ID : SB17.5860

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

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

418.95

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

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

PAGE 15 OF 38

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 400 Del Antico Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2026

City
OakleyState
CAZip Code
94561

FEC Identification Number

C	C00845438
---	-----------

Purpose of Disbursement
box rental

001

Amount of Each Disbursement this Period

98.00

Transaction ID : SB17.5895

☐ Memo ItemCandidate Name
Piccinini 4 CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

B. WINCO

Mailing Address 6700 Lone Tree Way

Date of Disbursement

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

City
BrentwoodState
CAZip Code
94513

FEC Identification Number

C	C00845438
---	-----------

Purpose of Disbursement
beverages watch party

007

Amount of Each Disbursement this Period

27.24

Transaction ID : SB17.5853

☐ Memo ItemCandidate Name
Piccinini 4 CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

C. WINCO

Mailing Address 6700 Lone Tree Way

Date of Disbursement

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

City
BrentwoodState
CAZip Code
94513

FEC Identification Number

C	C00845438
---	-----------

Purpose of Disbursement
lunch for volunteers

007

Amount of Each Disbursement this Period

39.11

Transaction ID : SB17.5854

☐ Memo ItemCandidate Name
Piccinini 4 CongressCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 10

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

164.35

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

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

PAGE 16 OF 38

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

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

A. WINCO

Mailing Address 6700 Lone Tree Way

Date of Disbursement

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

City
BrentwoodState
CAZip Code
94513Purpose of Disbursement
food watch party

007

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

110.93

Transaction ID : SB17.5876

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINCO

Mailing Address 6700 Lone Tree Way

Date of Disbursement

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

City
BrentwoodState
CAZip Code
94513Purpose of Disbursement
lunch volunteers

007

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

51.37

Transaction ID : SB17.5882

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINCO

Mailing Address 6700 Lone Tree Way

Date of Disbursement

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

City
BrentwoodState
CAZip Code
94513Purpose of Disbursement
lunch volunteers

007

Candidate Name
Piccinini 4 CongressCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 10

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

23.59

Transaction ID : SB17.5883

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

185.89

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

2080.96

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

PAGE 17 OF 38

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4270

Piccinini 4 Congress

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

Election: 2024

Piccinini, Katherine, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

310.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

310.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 01 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

none

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

310.00

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

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

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

PAGE 18 OF 38

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4385

Piccinini 4 Congress

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

Election: 2024

Piccinini, Katherine, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

502.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

502.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 02 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

none

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

502.00

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

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4385

Interest rate is zero

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 20 OF 38

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4386

Piccinini 4 Congress

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

Election: 2024

Piccinini, Katherine, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 23 / 2024

M M / D D / Y Y Y Y

D D / Y Y Y Y

Y Y Y Y
none

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000.00

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

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

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4386

Interest rate is zero

Form/Schedule:

Transaction ID:

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

PAGE 22 OF 38

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4957

Piccinini 4 Congress

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

Election: 2024

Piccinini, Katherine, , ,

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

500.00

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

2312.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 23 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Feb 15 to Mar 31 2024

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

260.65

Transaction ID : SD10.4480

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

260.65

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

APRIL TRAVEL EXPENSE

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

139.50

Transaction ID : SD10.4510

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

139.50

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

May Travel expense

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

262.24

Transaction ID : SD10.4576

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

262.24

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

662.39

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

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

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

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

PAGE 24 OF 38

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Conference GOP Meals

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

147.47

Transaction ID : SD10.4577

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

147.47

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

May conf parking / postage

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

195.00

Transaction ID : SD10.4578

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

195.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

June Travel Expense

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

259.86

Transaction ID : SD10.4649

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

259.86

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

602.33

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 25 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

July 2024 Travel Expense mileage

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

373.10

Transaction ID : SD10.4780

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

373.10

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Travel Mileage Expense AUGUST 2024

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

364.28

Transaction ID : SD10.4890

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

364.28

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Travel expense September

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

302.56

Transaction ID : SD10.4986

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

302.56

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

1039.94

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 26 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Travel mileage

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

319.57

Transaction ID : SD10.5048

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

319.57

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

meal at Overpass rally parade

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

38.17

Transaction ID : SD10.5123

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38.17

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Oct 17-31 2024

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

313.14

Transaction ID : SD10.5124

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

313.14

1) SUBTOTALS This Period This Page (optional)

670.88

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 27 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

TRAVEL MILEAGE NOV 1 - 25TH

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

178.90

Transaction ID : SD10.5153

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

178.90

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

DECEMBER MILEAGE

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

54.00

Transaction ID : SD10.5171

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

54.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

MILEAGE JANAURY 2025

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

27.00

Transaction ID : SD10.5203

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.00

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

259.90

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 28 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

FEE FOR X POSTINGS

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

22.00

Transaction ID : SD10.5204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage February 2025

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

18.00

Transaction ID : SD10.5210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly X posting

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5211

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

51.00

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 29 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

mileage March 2025

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

133.80

Transaction ID : SD10.5219

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

133.80

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

meals at convention CAGOP

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

197.75

Transaction ID : SD10.5220

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

197.75

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

monthly X platform

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5221

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

342.55

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 30 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Expense April 2025

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

37.00

Transaction ID : SD10.5261

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

37.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

monthly platform X

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5262

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly platform for X

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5263

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

59.00

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 31 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage expense May 2025

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

215.27

Transaction ID : SD10.5264

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

215.27

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Expense June 2025

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

119.58

Transaction ID : SD10.5265

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

119.58

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly platform for X

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5266

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

345.85

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 32 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage for August

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

69.04

Transaction ID : SD10.5346

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

69.04

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

MONTHLY FEE FOR X PLATFORM

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5405

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage travel September

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

176.10

Transaction ID : SD10.5406

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

176.10

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

256.14

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 33 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly X Platform

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5528

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage October

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

352.50

Transaction ID : SD10.5529

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

352.50

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

reimburse postage

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

148.17

Transaction ID : SD10.5531

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

148.17

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

511.67

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

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

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

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

PAGE 34 OF 38

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

monthly X platform

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5532

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage November

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

131.20

Transaction ID : SD10.5533

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

131.20

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly X Platform

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5534

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

153.20

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 35 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

December mileage

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

177.66

Transaction ID : SD10.5535

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

177.66

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Expense Januaary 2026

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

464.64

Transaction ID : SD10.5721

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

464.64

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly X postings

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5724

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

653.30

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 36 OF 38

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage expense February 2026

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

319.30

Transaction ID : SD10.5725

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

319.30

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage expense March 2026

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

288.30

Transaction ID : SD10.5727

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

288.30

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

March monthly X posting

Mailing Address P.O.Box 602

City
Oakley

State
CA

Zip Code
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5728

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

618.60

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

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

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

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

PAGE 37 OF 38

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly ☒ Platform fee

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5841

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Expense for April

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

400.20

Transaction ID : SD10.5842

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.20

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Expense May 1- 13 2026

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

128.30

Transaction ID : SD10.5843

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

128.30

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

539.50

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

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

PAGE 38 OF 38

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

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage May 14-31st 2026

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5898

Amount Incurred This Period

295.70

Payment This Period

0.00

Outstanding Balance at Close of This Period

295.70

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

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage June 1- 30 2026

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5901

Amount Incurred This Period

240.38

Payment This Period

0.00

Outstanding Balance at Close of This Period

240.38

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

Piccinini 4 Congress

Nature of Debt (Purpose):

Monthly X posting

Mailing Address P.O. Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5722

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

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

547.08

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

7313.33

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

2312.00

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

9625.33