

**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.

1 2 F E 4 M 5

Cramer for Senate

ADDRESS (number and street)

PO Box 396

Check if different  
than previously  
reported. (ACC)

Bismarck

ND

58502

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00504704

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

ND

00

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  
2025

through

M M /

D D /

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

Marston, Christopher, M., ,

Signature of Treasurer

Marston, Christopher, M., ,

Date

M M /

D D /

Y Y Y Y  
2025

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

**Cramer for Senate**

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2025

To:

MM / DD / YYYY  
03 / 31 / 2025

	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)) ....	65608.84	162185.41
(b) Total Contribution Refunds (from Line 20(d)) .....	4641.41	10645.29
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	60967.43	151540.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	136768.02	380188.94
(b) Total Offsets to Operating Expenditures (from Line 14) .....	252.37	652.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	136515.65	379536.57
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	2275397.41	
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	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Cramer for Senate

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2025

To:

MM / DD / YYYY  
03 / 31 / 2025**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).....

34759.78

52318.99

(ii) Unitemized .....

24349.06

61366.42

(iii) TOTAL of contributions  
from individuals ▶

59108.84

113685.41

(b) Political Party Committees.....

0.00

0.00

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

6500.00

48500.00

(d) The Candidate .....

0.00

0.00

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

65608.84

162185.41

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

32036.59

## 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.) .....

252.37

652.37

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

56.26

56.26

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

65917.47

194930.63

# **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.....

136768.02

380188.94

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 .....

4641.41

10645.29

(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)).....

4641.41

10645.29

21. OTHER DISBURSEMENTS .....

4000.00

10000.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

145409.43

400834.23

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

2354889.37

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

65917.47

25. SUBTOTAL (add Line 23 and Line 24).....

2420806.84

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

145409.43

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

2275397.41

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

PAGE 5 OF 215

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

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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MILNE, JOHN, D., ,

**A.**

Mailing Address 409 G STREET SE

City

WASHINGTON

State

DC

Zip Code

20003-4257

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CAPITOL MANAGEMENT, INC.

Occupation

EXECUTIVE

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 25 / 2025D D / Y Y Y Y Y  
25 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11A.173941

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ZIEBART, GEOFF, , ,

**B.**Mailing Address 1010 SEMINOLE DRIVE  
APT. 1012

City

FORT LAUDERDALE

State

FL

Zip Code

33304-3220

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ZIEBART CONSULTING LLC

Occupation

CONSULTANT

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 31 / 2025D D / Y Y Y Y Y  
31 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11A.174287

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HUNTON ANDREWS KURTH LLP

**C.**

Mailing Address 951 EAST BYRD ST

City

RICHMOND

State

VA

Zip Code

23219-4040

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 11 / 2025D D / Y Y Y Y Y  
11 / 2025Y Y Y Y Y  
2025

Transaction ID : SA11A.171523

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Partners do not exceed itemization threshold

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

3000.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M	M		D	D		Y	Y	Y	Y
0	1		0	1		2	0	2	5

Transaction ID : SA11C.169880

Amount of Each Receipt this Period

527.89

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
MASTRIANNI, ROBERT, , ,

Mailing Address 166 GRAVEL STREET APT C1

City  
MERIDENState  
CTZip Code  
06450-4631FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

OMNI PHYSICAL THERAPY

PHYSICAL THERAPIST

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

297.00

Date of Receipt

M	M		D	D		Y	Y	Y	Y
0	1		0	1		2	0	2	5

Transaction ID : SA11A.169883

Amount of Each Receipt this Period

99.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
POMEROY, SETH, , ,

Mailing Address 2909 TIMBER CREEK CT

City  
NORTH LITTLE ROCKState  
ARZip Code  
72116-6497FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

POMEROY LAND DEV

LAND SALES

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

267.30

Date of Receipt

M	M		D	D		Y	Y	Y	Y
0	1		0	1		2	0	2	5

Transaction ID : SA11A.169899

Amount of Each Receipt this Period

4.95

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

103.95

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.169908

Amount of Each Receipt this Period

321.69

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
CAMPBELL, FRANCIS, , ,

Mailing Address 5432 S SALVATION PL

City  
SIOUX FALLSState  
SDZip Code  
57108-8543FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

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

Transaction ID : SA11A.169921

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
KOMADA, ANNA, , ,

Mailing Address 7000 RIVER RUN BLVD

City  
SPRING HILLState  
FLZip Code  
34607-4051FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

229.00

Date of Receipt

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

Transaction ID : SA11A.169916

Amount of Each Receipt this Period

9.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

34.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

NARDI, ALFONSO, , ,

**A.**

Mailing Address 406 LONGHILL ST

City

SPRINGFIELD

State

MA

Zip Code

01108-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

222.75

Date of Receipt

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

Transaction ID : SA11A.169910

Amount of Each Receipt this Period

24.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

NEVILLE, JAMES, , ,

Mailing Address 31900 CHESTNUT LN

City

PEPPER PIKE

State

OH

Zip Code

44124-4375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

297.00

Date of Receipt

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

Transaction ID : SA11A.169923

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.169931

Amount of Each Receipt this Period

759.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

74.25

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 215

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BIAGE, PHILLIP, , ,

**A.** Mailing Address 528 CARRIAGE DRIVE

City  
BATAVIA

State  
IL

Zip Code  
60510-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 03 2025

Transaction ID : SA11A.169942

Amount of Each Receipt this Period

24.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LOOMIS, AUDREY, , ,

**B.** Mailing Address 674 FLINT HILL RD.

City  
SONORA

State  
KY

Zip Code  
42776-8314

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 03 2025

Transaction ID : SA11A.169960

Amount of Each Receipt this Period

50.35

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

PARTRIDGE, MARK, , ,

**C.** Mailing Address 8540 OAK KNOLL DR.

City  
GRANITE BAY

State  
CA

Zip Code  
95746-9378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
CARPENTER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 03 2025

Transaction ID : SA11A.169946

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

165.10

# **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 10 OF 215

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

POMEROY, SETH, , ,

**A.**

Mailing Address 2909 TIMBER CREEK CT

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116-6497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

POMEROY LAND DEV

Occupation

LAND SALES

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

267.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 03 2025

Transaction ID : SA11A.169950

Amount of Each Receipt this Period

9.90

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 04 2025

Transaction ID : SA11C.169972

Amount of Each Receipt this Period

482.02

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BRODERICK, THOMAS, , ,

**C.**

Mailing Address 3925 QUEEN ST. N

City

SAINT PETERSBURG

State

FL

Zip Code

33714-4643

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 04 2025

Transaction ID : SA11A.169973

Amount of Each Receipt this Period

47.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

57.40

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

PAGE 11 OF 215

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

**A.**

Mailing Address 14170 F M 2854 ROAD

City  
CONROEState  
TXZip Code  
77304-4430FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

610.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 04 2025

Transaction ID : SA11A.169984

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 05 2025

Transaction ID : SA11C.170013

Amount of Each Receipt this Period

2202.15

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**C.**Full Name (Last, First, Middle Initial)  
BRODERICK, THOMAS, , ,

Mailing Address 3925 QUEEN ST. N

City  
SAINT PETERSBURGState  
FLZip Code  
33714-4643FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 05 2025

Transaction ID : SA11A.170021

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

142.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

**BROWER, PATRICIA, , ,**

**A.** Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 05 2025

Transaction ID : SA11A.170022

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**BROWER, PATRICIA, , ,**

**B.** Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 05 2025

Transaction ID : SA11A.170026

Amount of Each Receipt this Period

4.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**HARRISON, JOCELYN, , ,**

**C.** Mailing Address 90 OLD SPRING DR.

City  
CANDLER

State  
NC

Zip Code  
28715-9249

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SELF

Occupation  
HOMESCHOOL MOM

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3845.60

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 05 2025

Transaction ID : SA11A.170031

Amount of Each Receipt this Period

1922.80

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED; SEE  
REDESIGNATION; REATTRIBUTION /

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

1951.30

**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 PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

HARRISON, JOCELYN, , ,

**A.** Mailing Address 90 OLD SPRING DR.

City

CANDLER

State

NC

Zip Code

28715-9249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
HOMESCHOOL MOM

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3845.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	5

Transaction ID : SA11A.173142

Amount of Each Receipt this Period

- 345.60

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL; REATTRIBUTION /  
REDESIGNATION REQUESTED**B.** Full Name (Last, First, Middle Initial)  
HARRISON, JOCELYN, , ,  
Mailing Address 90 OLD SPRING DR.

City

CANDLER

State

NC

Zip Code

28715-9249

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
HOMESCHOOL MOM

Receipt For: 2030

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3845.60

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	5

Transaction ID : SA11A.173143

Amount of Each Receipt this Period

345.60

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY;  
REATTRIBUTION / REDESIGNATION REQUESTED**C.** Full Name (Last, First, Middle Initial)  
WINRED  
Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.170041

Amount of Each Receipt this Period

510.47

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

CAMPBELL, FRANCIS, , ,

**A.** Mailing Address 5432 S SALVATION PL

City

SIOUX FALLS

State

SD

Zip Code

57108-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 06 2025

Transaction ID : SA11A.170058

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
DEANE, FREDERICK, R., DR., M.D.  
Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y  
01 06 2025

Transaction ID : SA11A.170083

Amount of Each Receipt this Period

3.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
LETTAN, LINDA D, , ,  
Mailing Address 111 WINDY PT S

City

TOWNVILLE

State

SC

Zip Code

29689-3942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 06 2025

Transaction ID : SA11A.170080

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

31.75

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

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

FOR LINE NUMBER:  
(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MANOSH, NICK, , ,

**A.**

Mailing Address 120, NORTHGATE PLAZA

City

MORRISVILLE

State

VT

Zip Code

05661-8746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
CONSTRUCTION

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 06 2025

Transaction ID : SA11A.170079

Amount of Each Receipt this Period

99.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 07 2025

Transaction ID : SA11C.170085

Amount of Each Receipt this Period

187.79

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

NARDI, ALFONSO, , ,

**C.**

Mailing Address 406 LONGHILL ST

City

SPRINGFIELD

State

MA

Zip Code

01108-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

222.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 07 2025

Transaction ID : SA11A.170089

Amount of Each Receipt this Period

24.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

123.75

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 08 2025

Transaction ID : SA11C.170102

Amount of Each Receipt this Period

454.63

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
READ, MARIE, , ,

Mailing Address 1 BISHOP GADSDEN WAY

City  
CHARLESTON

State  
SC

Zip Code  
29412-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 08 2025

Transaction ID : SA11A.170138

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 09 2025

Transaction ID : SA11C.170146

Amount of Each Receipt this Period

267.55

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

49.50

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

POMEROY, SETH, , ,

**A.**

Mailing Address 2909 TIMBER CREEK CT

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116-6497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

POMEROY LAND DEV

Occupation

LAND SALES

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

267.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2025

Transaction ID : SA11A.170151

Amount of Each Receipt this Period

9.90

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.170174

Amount of Each Receipt this Period

178.33

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**C.**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

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

Transaction ID : SA11A.170198

Amount of Each Receipt this Period

3.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

12.90

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

A. Mailing Address POB 246

City  
RICHLANDState  
GAZip Code  
31825-0246FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

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

Transaction ID : SA11A.170185

Amount of Each Receipt this Period

5.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

B. Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.170202

Amount of Each Receipt this Period

145.38

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

C. Mailing Address 3696 COOK VALLEY BLVD S.E.

City  
GRAND RAPIDSState  
MIZip Code  
49546-8324FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

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

Transaction ID : SA11A.170213

Amount of Each Receipt this Period

3.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

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

8	0	0
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

A.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 11 2025

Transaction ID : SA11A.170216

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POMEROY, SETH, , ,

B.

Mailing Address 2909 TIMBER CREEK CT

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116-6497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

POMEROY LAND DEV

Occupation

LAND SALES

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

267.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 11 2025

Transaction ID : SA11A.170209

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 12 2025

Transaction ID : SA11C.170220

Amount of Each Receipt this Period

400.70

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

52.50

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

POMEROY, SETH, , ,

**A.**

Mailing Address 2909 TIMBER CREEK CT

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116-6497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

POMEROY LAND DEV

Occupation

LAND SALES

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

267.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 12 2025

Transaction ID : SA11A.170241

Amount of Each Receipt this Period

14.85

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

TREVALLION, MARTHA, , ,

**B.**

Mailing Address 115 AMRITA COURT

City

CHARLOTTE

State

NC

Zip Code

28211-4089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 12 2025

Transaction ID : SA11A.170232

Amount of Each Receipt this Period

57.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

VANDERPOOL, BRUCE, , ,

**C.**

Mailing Address 28964 KORONIS DRIVE

City

PAYNESVILLE

State

MN

Zip Code

56362-9331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

INS AGENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 12 2025

Transaction ID : SA11A.170227

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

121.35

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

**A.**

Mailing Address 14170 F M 2854 ROAD

City  
CONROE

State  
TX

Zip Code  
77304-4430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

610.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 12 2025

Transaction ID : SA11A.170249

Amount of Each Receipt this Period

14.25

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 13 2025

Transaction ID : SA11C.170252

Amount of Each Receipt this Period

603.73

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**C.**

Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 13 2025

Transaction ID : SA11A.170275

Amount of Each Receipt this Period

5.21

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

19.46

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**A.**

Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 13 2025

Transaction ID : SA11A.170287

Amount of Each Receipt this Period

4.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**B.**

Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 13 2025

Transaction ID : SA11A.170289

Amount of Each Receipt this Period

6.65

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SIDNER, CYNTHIA, , ,

**C.**

Mailing Address 1141 NEWMARKET DR

City  
VIRGINIA BEACH

State  
VA

Zip Code  
23464-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1187.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 13 2025

Transaction ID : SA11A.170261

Amount of Each Receipt this Period

237.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

248.90

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.170293

Amount of Each Receipt this Period

219.89

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
MCLENDON, MARGARET, , ,

Mailing Address POB 246

City  
RICHLANDState  
GAZip Code  
31825-0246FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

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

Transaction ID : SA11A.170316

Amount of Each Receipt this Period

8.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.170318

Amount of Each Receipt this Period

886.66

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

8.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BIAGE, PHILLIP, , ,

**A.**

Mailing Address 528 CARRIAGE DRIVE

City

BATAVIA

State

IL

Zip Code

60510-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 15 2025

Transaction ID : SA11A.170326

Amount of Each Receipt this Period

9.90

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**B.**

Mailing Address 3 WINCHESTER PL.

City

ALBANY

State

NY

Zip Code

12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 15 2025

Transaction ID : SA11A.170345

Amount of Each Receipt this Period

9.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**C.**

Mailing Address 3 WINCHESTER PL.

City

ALBANY

State

NY

Zip Code

12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 15 2025

Transaction ID : SA11A.170356

Amount of Each Receipt this Period

13.53

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

32.93

**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

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(check only one)

PAGE 25 OF 215

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

**BROWER, PATRICIA, , ,**

**A.** Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 15 2025

Transaction ID : SA11A.170365

Amount of Each Receipt this Period

14.25

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**BROWER, PATRICIA, , ,**

**B.** Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 15 2025

Transaction ID : SA11A.170380

Amount of Each Receipt this Period

4.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**DOEHRING, DANIEL, , ,**

**C.** Mailing Address 5452 WATERS ROAD

City  
LAKELAND

State  
FL

Zip Code  
33811-2645

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 15 2025

Transaction ID : SA11A.170393

Amount of Each Receipt this Period

99.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

118.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

**A.** Mailing Address POB 246City  
RICHLANDState  
GAZip Code  
31825-0246FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y  
01 15 2025

Transaction ID : SA11A.170384

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address POB 246

City  
RICHLANDState  
GAZip Code  
31825-0246FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y  
01 15 2025

Transaction ID : SA11A.170385

Amount of Each Receipt this Period

14.25

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
01 16 2025

Transaction ID : SA11C.170398

Amount of Each Receipt this Period

826.15

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

24.25

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

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

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

KOMADA, ANNA, , ,

**A.**

Mailing Address 7000 RIVER RUN BLVD

City

SPRING HILL

State

FL

Zip Code

34607-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 16 2025

Transaction ID : SA11A.170400

Amount of Each Receipt this Period

9.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KOMADA, ANNA, , ,

**B.**

Mailing Address 7000 RIVER RUN BLVD

City

SPRING HILL

State

FL

Zip Code

34607-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 16 2025

Transaction ID : SA11A.170402

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KOMADA, ANNA, , ,

**C.**

Mailing Address 7000 RIVER RUN BLVD

City

SPRING HILL

State

FL

Zip Code

34607-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 16 2025

Transaction ID : SA11A.170403

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

37.00

**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

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(check only one)

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☒ 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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MCLELLLE, MICHAEL, , ,

**A.**

Mailing Address 4925 WEATHERSTONE LANE SE

City

KENTWOOD

State

MI

Zip Code

49508-8435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 16 2025

Transaction ID : SA11A.170404

Amount of Each Receipt this Period

104.10

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

TEMPLETON, THOMAS, , ,

**B.**

Mailing Address 40759 ROBIN ST.

City

FREMONT

State

CA

Zip Code

94538-3333

FEC ID number of contributing  
federal political committee.

C

Name of Employer

QUALCOMM

Occupation

EXECUTIVE

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1425.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 16 2025

Transaction ID : SA11A.170401

Amount of Each Receipt this Period

475.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 17 2025

Transaction ID : SA11C.170430

Amount of Each Receipt this Period

329.89

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

579.10

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

A.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y  
01 17 2025

Transaction ID : SA11A.170448

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

GATES, ALTON, , ,

Mailing Address 9 MUSKOGEE LN

City

DESTIN

State

FL

Zip Code

32541-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
01 17 2025

Transaction ID : SA11A.170435

Amount of Each Receipt this Period

47.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

GIANNONI, JOHN, , ,

Mailing Address 2122 TIENDA DRIVE

City

LODI

State

CA

Zip Code

95242-3908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

BUILDER

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

712.50

Date of Receipt

M M / D D / Y Y Y Y Y  
01 17 2025

Transaction ID : SA11A.170432

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

145.50

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  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

**A.** Mailing Address POB 246City  
RICHLANDState  
GAZip Code  
31825-0246FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	7	/	2	0	2	5

Transaction ID : SA11A.170452

Amount of Each Receipt this Period

7.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
SORENSEN, EARL, , ,  
Mailing Address 741 2ND ST SWCity  
VALLEY CITYState  
NDZip Code  
58072-3205FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

418.27

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	7	/	2	0	2	5

Transaction ID : SA11A.170431

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
WINRED  
Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	8	/	2	0	2	5

Transaction ID : SA11C.170460

Amount of Each Receipt this Period

510.73

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

30.75

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**A.** Mailing Address 3 WINCHESTER PL.City  
ALBANYState  
NYZip Code  
12211-1139FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y  
01 18 2025

Transaction ID : SA11A.170497

Amount of Each Receipt this Period

9.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

GIANNONI, JOHN, , ,

**B.** Mailing Address 2122 TIENDA DRIVECity  
LODIState  
CAZip Code  
95242-3908FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
BUILDER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

712.50

Date of Receipt

M M / D D / Y Y Y Y Y  
01 18 2025

Transaction ID : SA11A.170482

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

**C.** Mailing Address POB 246City  
RICHLANDState  
GAZip Code  
31825-0246FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y  
01 18 2025

Transaction ID : SA11A.170485

Amount of Each Receipt this Period

14.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

71.00

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

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

A. Mailing Address POB 246

City  
RICHLAND

State  
GA

Zip Code  
31825-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 18 2025

Transaction ID : SA11A.170487

Amount of Each Receipt this Period

14.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

B. Mailing Address POB 246

City  
RICHLAND

State  
GA

Zip Code  
31825-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 18 2025

Transaction ID : SA11A.170488

Amount of Each Receipt this Period

16.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

C. Mailing Address POB 246

City  
RICHLAND

State  
GA

Zip Code  
31825-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 18 2025

Transaction ID : SA11A.170489

Amount of Each Receipt this Period

8.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

38.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 19 2025

Transaction ID : SA11C.170502

Amount of Each Receipt this Period

613.36

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
BAILEY, DANA, , ,

Mailing Address 875 BAYFIELD DRIVE

City  
COLORADO SPRINGS

State  
CO

Zip Code  
80906-4690

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 19 2025

Transaction ID : SA11A.170520

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
DIVALL, STEPHEN, , ,

Mailing Address 389 RENAISSANCE CT

City  
BOULDER CITY

State  
NV

Zip Code  
89005-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 19 2025

Transaction ID : SA11A.170506

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

142.50

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MARTINEZ, ARLENE, , ,

**A.**

Mailing Address 5851 CACHETTE DE RIVIERA COURT

City

NEW PORT RICHEY

State

FL

Zip Code

34655-5622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 19 2025

Transaction ID : SA11A.170518

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

**B.**

Mailing Address POB 246

City

RICHLAND

State

GA

Zip Code

31825-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 19 2025

Transaction ID : SA11A.170523

Amount of Each Receipt this Period

12.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

VANDERHOVEN, LEONARD, , ,

**C.**

Mailing Address PO BOX 531697

City

HENDERSON

State

NV

Zip Code

89053-1697

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNIQUE COMMUNICATION

Occupation

FOUNDER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 19 2025

Transaction ID : SA11A.170508

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

259.50

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.170529

Amount of Each Receipt this Period

720.23

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
BARNHILL, BOB, , ,

Mailing Address 800 TIFFANY BLVD.

City  
ROCKY MOUNTState  
NCZip Code  
27804-1946FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2375.00

Date of Receipt

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

Transaction ID : SA11A.170532

Amount of Each Receipt this Period

475.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
PADILLA, FRANCISCO, , ,

Mailing Address 8435 107TH

City  
RICHMOND HILLState  
NYZip Code  
11418-1140FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.170547

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

525.00

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

**A.**

Mailing Address 14170 F M 2854 ROAD

City  
CONROE

State  
TX

Zip Code  
77304-4430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

610.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 20 2025

Transaction ID : SA11A.170545

Amount of Each Receipt this Period

26.03

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 21 2025

Transaction ID : SA11C.170552

Amount of Each Receipt this Period

2237.62

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BIAGE, PHILLIP, , ,

**C.**

Mailing Address 528 CARRIAGE DRIVE

City  
BATAVIA

State  
IL

Zip Code  
60510-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 21 2025

Transaction ID : SA11A.170561

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

75.53

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

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

FOR LINE NUMBER:  
(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**A.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 21 2025

Transaction ID : SA11A.170589

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HENLEY, HOMEDOY, , ,

**B.**

Mailing Address 14251 MIMOSA LANE

City

TUSTIN

State

CA

Zip Code

92780-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 21 2025

Transaction ID : SA11A.170570

Amount of Each Receipt this Period

475.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MITCH, CHARLES, , ,

**C.**

Mailing Address 22722 WINGED FOOT LANE

City

ATHENS

State

AL

Zip Code

35613-8173

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CORNERSTONE

Occupation

CONTRACTOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 21 2025

Transaction ID : SA11A.170566

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

575.00

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

SENS, MARY ANN, , ,

**A.**

Mailing Address 1155 OXBOW CT

City

GRAND FORKS

State

ND

Zip Code

58203-2166

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UND

Occupation

PROFESSOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 21 2025

Transaction ID : SA11A.170562

Amount of Each Receipt this Period

950.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SORENSEN, EARL, , ,

**B.**

Mailing Address 741 2ND ST SW

City

VALLEY CITY

State

ND

Zip Code

58072-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

418.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 21 2025

Transaction ID : SA11A.170565

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WELLER, JOAN, , ,

**C.**

Mailing Address 14829 MOCKINGBIRD DRIVE

City

GERMANTOWN

State

MD

Zip Code

20874-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 21 2025

Transaction ID : SA11A.170576

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

1023.25

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

ZARAGOZA, JOHN, , ,

**A.**

Mailing Address 13952 S KING RD

City

HOMER GLEN

State

IL

Zip Code

60491-8509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 21 2025

Transaction ID : SA11A.170556

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

ZEIGLER, DANIEL, , ,

**B.**

Mailing Address 1088 LOCKCUFF ROAD

City

WILLIAMSPORT

State

PA

Zip Code

17701-8532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SWASD

Occupation

MAINTENANCE TECHNICIAN

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
01 21 2025

Transaction ID : SA11A.170567

Amount of Each Receipt this Period

47.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
01 22 2025

Transaction ID : SA11C.170606

Amount of Each Receipt this Period

863.09

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

142.50

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

LANDIS, WILLIAM, , ,

**A.**

Mailing Address 8 MOUNTAIN VIEW RD

City  
IRONIAState  
NJZip Code  
07845-FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELFOccupation  
LANDSCAPER

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01		22		2025

Transaction ID : SA11A.170656

Amount of Each Receipt this Period

95.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LETTAN, LINDA D, , ,

**B.**

Mailing Address 111 WINDY PT S

City  
TOWNVILLEState  
SCZip Code  
29689-3942FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01		22		2025

Transaction ID : SA11A.170622

Amount of Each Receipt this Period

5.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LETTAN, LINDA D, , ,

**C.**

Mailing Address 111 WINDY PT S

City  
TOWNVILLEState  
SCZip Code  
29689-3942FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
01		22		2025

Transaction ID : SA11A.170623

Amount of Each Receipt this Period

95.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

195.00
--------

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

SMITH, WALTER, , ,

**A.** Mailing Address 8501 WATERSIDE DRCity  
NORTHFIELDState  
OHZip Code  
44067-3214FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 22 2025

Transaction ID : SA11A.170628

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SORENSEN, EARL, , ,

**B.** Mailing Address 741 2ND ST SWCity  
VALLEY CITYState  
NDZip Code  
58072-3205FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

418.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 22 2025

Transaction ID : SA11A.170634

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

ZAMITO, RICK, , ,

**C.** Mailing Address 1374 LAKE VALLEY DR.City  
LOGANDALEState  
NVZip Code  
89021-9985FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 22 2025

Transaction ID : SA11A.170652

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

167.50

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.170828

Amount of Each Receipt this Period

1656.22

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
BROWN, LARRY, , ,

Mailing Address 3007 APPALACHIAN DRIVE

City  
COLUMBIAState  
MOZip Code  
65203-0161FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

459.75

Date of Receipt

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

Transaction ID : SA11A.170849

Amount of Each Receipt this Period

4.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
DEANE, FREDERICK, R., DR., M.D.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City  
GRAND RAPIDSState  
MIZip Code  
49546-8324FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

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

Transaction ID : SA11A.170892

Amount of Each Receipt this Period

4.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

8.75

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

HOBLIK, JAN, , ,

**A.**

Mailing Address 740 S CROWN POINTE DR

City

ANAHEIM

State

CA

Zip Code

92807-4758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFOSYSOccupation  
SOFTWARE DEVELOPER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

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

Transaction ID : SA11A.170883

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

LUGO, LEE, , ,

Mailing Address 3624 CAMPSTONE DRIVE

City

PLANO

State

TX

Zip Code

75023-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.10

Date of Receipt

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

Transaction ID : SA11A.170853

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

LUGO, LEE, , ,

Mailing Address 3624 CAMPSTONE DRIVE

City

PLANO

State

TX

Zip Code

75023-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.10

Date of Receipt

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

Transaction ID : SA11A.170855

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

57.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

LUGO, LEE, , ,

**A.**

Mailing Address 3624 CAMPSTONE DRIVE

City  
PLANO

State  
TX

Zip Code  
75023-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 23 2025

Transaction ID : SA11A.170856

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LUGO, LEE, , ,

**B.**

Mailing Address 3624 CAMPSTONE DRIVE

City  
PLANO

State  
TX

Zip Code  
75023-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 23 2025

Transaction ID : SA11A.170865

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LUGO, LEE, , ,

**C.**

Mailing Address 3624 CAMPSTONE DRIVE

City  
PLANO

State  
TX

Zip Code  
75023-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 23 2025

Transaction ID : SA11A.170868

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

52.50

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

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

FOR LINE NUMBER:  
(check only one)

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

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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MEYERS, MARLENE, , ,

**A.**

Mailing Address BOX 7246

City  
BEND

State  
OR

Zip Code  
97708-7246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

343.75

Date of Receipt

M M / D D / Y Y Y Y Y  
01 23 2025

Transaction ID : SA11A.170831

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

VCULEK, BARRY, , ,

**B.**

Mailing Address 1109 S 7TH ST

City  
OAKES

State  
ND

Zip Code  
58474-2402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
FARMER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 23 2025

Transaction ID : SA11A.170891

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
01 24 2025

Transaction ID : SA11C.170901

Amount of Each Receipt this Period

1218.60

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

1023.75

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BAILEY, DANA, , ,

**A.** Mailing Address 875 BAYFIELD DRIVE

City  
COLORADO SPRINGS

State  
CO

Zip Code  
80906-4690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 24 2025

Transaction ID : SA11A.170904

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**B.** Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 24 2025

Transaction ID : SA11A.170938

Amount of Each Receipt this Period

9.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**C.** Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 24 2025

Transaction ID : SA11A.170939

Amount of Each Receipt this Period

9.90

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

114.40

# **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 47 OF 215

☒ 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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

CAMPBELL, DOUGLAS, , ,

**A.**

Mailing Address P.O. BOX 38548

City

HOUSTON

State

TX

Zip Code

77238-8548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CPAV

Occupation

CONSTRUCTION WORKER

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 24 2025

Transaction ID : SA11A.170918

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

RIVES, ROBERT, , ,

**B.**

Mailing Address 18433 EDISON AVE,

City

CHESTERFIELD

State

MO

Zip Code

63005-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PE,INC

Occupation

REAL ESTATE MANAGER

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 24 2025

Transaction ID : SA11A.170902

Amount of Each Receipt this Period

570.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SORENSEN, EARL, , ,

**C.**

Mailing Address 741 2ND ST SW

City

VALLEY CITY

State

ND

Zip Code

58072-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

418.27

Date of Receipt

M M / D D / Y Y Y Y Y  
01 24 2025

Transaction ID : SA11A.170934

Amount of Each Receipt this Period

24.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

689.75

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

**A.**

Mailing Address 14170 F M 2854 ROAD

City  
CONROEState  
TXZip Code  
77304-4430FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

610.02

Date of Receipt

M M / D D / Y Y Y Y Y  
01 24 2025

Transaction ID : SA11A.170915

Amount of Each Receipt this Period

26.03

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
01 25 2025

Transaction ID : SA11C.170945

Amount of Each Receipt this Period

427.08

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**C.**Full Name (Last, First, Middle Initial)  
BRENNER, DOUGLAS, , ,

Mailing Address 6360 BUTTERNUT DR

City  
MIState  
MIZip Code  
49460-9153FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 25 2025

Transaction ID : SA11A.170951

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

121.03

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

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

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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**A.**

Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 25 2025

Transaction ID : SA11A.170968

Amount of Each Receipt this Period

4.95

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**B.**

Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 25 2025

Transaction ID : SA11A.170968

Amount of Each Receipt this Period

9.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 26 2025

Transaction ID : SA11C.170979

Amount of Each Receipt this Period

950.94

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

14.45

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BLACKBURN, LILLA, , ,

**A.**

Mailing Address 3248 Bammel Lane

City

HOUSTON

State

TX

Zip Code

77098-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

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

Transaction ID : SA11A.170984

Amount of Each Receipt this Period

99.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BREITERMAN, ANDREW, , ,

**B.**

Mailing Address 26511 Loma Verde

City

MISSION VIEJO

State

CA

Zip Code

92691-6032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

MEDICAL DOCTOR

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

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

Transaction ID : SA11A.170999

Amount of Each Receipt this Period

475.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	5	

Transaction ID : SA11C.171014

Amount of Each Receipt this Period

423.94

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

574.00

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

LETTAN, LINDA D, , ,

**A.**

Mailing Address 111 WINDY PT S

City  
TOWNVILLE

State  
SC

Zip Code  
29689-3942

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 27 2025

Transaction ID : SA11A.171027

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MOUNT, MARIANNE, , ,

**B.**

Mailing Address 43272 EVANS POND ROAD

City  
LEESBURG

State  
VA

Zip Code  
20176-5258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 27 2025

Transaction ID : SA11A.171030

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 29 2025

Transaction ID : SA11C.171074

Amount of Each Receipt this Period

538.53

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

96.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

**BROWER, PATRICIA, , ,****A.** Mailing Address 3 WINCHESTER PL.City  
ALBANYState  
NYZip Code  
12211-1139FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

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

Transaction ID : SA11A.171107

Amount of Each Receipt this Period

19.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
**DEANE, FREDERICK, R., DR., M.D.**  
Mailing Address 3696 COOK VALLEY BLVD S.E.City  
GRAND RAPIDSState  
MIZip Code  
49546-8324FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

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

Transaction ID : SA11A.171088

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
**DRAKE, PATRICIA, , ,**  
Mailing Address 245 CASTLE FARMS ROADCity  
ALTOONAState  
PAZip Code  
16601-9600FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

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

Transaction ID : SA11A.171081

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

115.00
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

SEBESTA, MICHELLE, , ,

**A.**

Mailing Address 18740 NW 24 CT

City

HOLLYWOOD

State

FL

Zip Code

33029-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TATE TRANSPORTOccupation  
MANAGER

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2025

Transaction ID : SA11A.171077

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 30 / 2025

Transaction ID : SA11C.171119

Amount of Each Receipt this Period

747.00

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

MEYERS, MARLENE, , ,

**C.**

Mailing Address BOX 7246

City

BEND

State

OR

Zip Code

97708-7246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

343.75

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 30 / 2025

Transaction ID : SA11A.171142

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

135.00

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

PARTRIDGE, MARK, , ,

**A.** Mailing Address 8540 OAK KNOLL DR.

City

GRANITE BAY

State

CA

Zip Code

95746-9378

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
CARPENTER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 30 2025

Transaction ID : SA11A.171122

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POMEROY, SETH, , ,

**B.** Mailing Address 2909 TIMBER CREEK CT

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116-6497

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
POMEROY LAND DEV

Occupation  
LAND SALES

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

267.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 30 2025

Transaction ID : SA11A.171137

Amount of Each Receipt this Period

9.90

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

PREUSS, BRENDA, , ,

**C.** Mailing Address 12877 E HIGHWAY 54

City

EL DORADO SPRINGS

State

MO

Zip Code

64744-8235

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 30 2025

Transaction ID : SA11A.171147

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

147.40

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M	D D	Y Y Y Y
01	31	2025

Transaction ID : SA11C.171172

Amount of Each Receipt this Period

432.64

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
BROWER, PATRICIA, , ,

Mailing Address 3 WINCHESTER PL.

City  
ALBANYState  
NYZip Code  
12211-1139FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M	D D	Y Y Y Y
01	31	2025

Transaction ID : SA11A.171178

Amount of Each Receipt this Period

4.75

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
CROCCO, LOUISE, , ,

Mailing Address 12863 MALLARD CREEK DR

City  
WEST PALM BEACHState  
FLZip Code  
33418-8662FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.25

Date of Receipt

M M	D D	Y Y Y Y
01	31	2025

Transaction ID : SA11A.171189

Amount of Each Receipt this Period

52.05

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

56.80

**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

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(check only one)

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☒ 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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

A. Mailing Address 3696 COOK VALLEY BLVD S.E.

City  
GRAND RAPIDS

State  
MI

Zip Code  
49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 31 2025

Transaction ID : SA11A.171186

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

B. Mailing Address 3696 COOK VALLEY BLVD S.E.

City  
GRAND RAPIDS

State  
MI

Zip Code  
49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 31 2025

Transaction ID : SA11A.171193

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HORNETT, MICHELLE, , ,

C. Mailing Address 1490 J T EISLEY DRIVE

City  
CORONA

State  
CA

Zip Code  
92881-4062

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSI

Occupation  
SECURITY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 31 2025

Transaction ID : SA11A.171194

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

105.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

SORENSEN, EARL, , ,

**A.**

Mailing Address 741 2ND ST SW

City

VALLEY CITY

State

ND

Zip Code

58072-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

418.27

Date of Receipt

M M / D D / Y Y Y Y Y  
01 31 2025

Transaction ID : SA11A.171184

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
02 01 2025

Transaction ID : SA11C.171195

Amount of Each Receipt this Period

503.93

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**C.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y  
02 01 2025

Transaction ID : SA11A.171215

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

24.75

**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

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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MASTRIANNI, ROBERT, , ,

**A.**

Mailing Address 166 GRAVEL STREET APT C1

City

MERIDEN

State

CT

Zip Code

06450-4631

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OMNI PHYSICAL THERAPY

Occupation

PHYSICAL THERAPIST

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 01 2025

Transaction ID : SA11A.171198

Amount of Each Receipt this Period

99.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

POMEROY, SETH, , ,

**B.**

Mailing Address 2909 TIMBER CREEK CT

City

NORTH LITTLE ROCK

State

AR

Zip Code

72116-6497

FEC ID number of contributing  
federal political committee.

C

Name of Employer

POMEROY LAND DEV

Occupation

LAND SALES

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

267.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 01 2025

Transaction ID : SA11A.171214

Amount of Each Receipt this Period

4.95

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 02 2025

Transaction ID : SA11C.171222

Amount of Each Receipt this Period

265.52

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

103.95

**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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

NARDI, ALFONSO, , ,

**A.**

Mailing Address 406 LONGHILL ST

City

SPRINGFIELD

State

MA

Zip Code

01108-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

222.75

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 02 / 2025

02

02

2025

Transaction ID : SA11A.171224

Amount of Each Receipt this Period

24.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

NEVILLE, JAMES, , ,

**B.**

Mailing Address 31900 CHESTNUT LN

City

PEPPER PIKE

State

OH

Zip Code

44124-4375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 02 / 2025

02

02

2025

Transaction ID : SA11A.171234

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2025

02

03

2025

Transaction ID : SA11C.171242

Amount of Each Receipt this Period

638.35

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

74.25

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

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

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BIAGE, PHILLIP, , ,

**A.**

Mailing Address 528 CARRIAGE DRIVE

City

BATAVIA

State

IL

Zip Code

60510-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 03 2025

Transaction ID : SA11A.171253

Amount of Each Receipt this Period

24.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**B.**

Mailing Address 3 WINCHESTER PL.

City

ALBANY

State

NY

Zip Code

12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 03 2025

Transaction ID : SA11A.171274

Amount of Each Receipt this Period

9.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**C.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 03 2025

Transaction ID : SA11A.171257

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

35.25

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

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

KOMADA, ANNA, , ,

**A.** Mailing Address 7000 RIVER RUN BLVDCity  
SPRING HILLState  
FLZip Code  
34607-4051FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 03 2025

Transaction ID : SA11A.171249

Amount of Each Receipt this Period

9.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 674 FLINT HILL RD.

City  
SONORAState  
KYZip Code  
42776-8314FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.40

Date of Receipt

M M / D D / Y Y Y Y Y  
02 03 2025

Transaction ID : SA11A.171283

Amount of Each Receipt this Period

50.35

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 741 2ND ST SW

City  
VALLEY CITYState  
NDZip Code  
58072-3205FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

418.27

Date of Receipt

M M / D D / Y Y Y Y Y  
02 03 2025

Transaction ID : SA11A.171261

Amount of Each Receipt this Period

14.25

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

73.60

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.171295

Amount of Each Receipt this Period

297.51

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
MCLENDON, MARGARET, , ,

Mailing Address POB 246

City  
RICHLANDState  
GAZip Code  
31825-0246FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

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

Transaction ID : SA11A.171313

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.171324

Amount of Each Receipt this Period

463.27

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

10.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**A.**

Mailing Address 3 WINCHESTER PL.

City

ALBANY

State

NY

Zip Code

12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 05 2025

Transaction ID : SA11A.171334

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**B.**

Mailing Address 3 WINCHESTER PL.

City

ALBANY

State

NY

Zip Code

12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 05 2025

Transaction ID : SA11A.171351

Amount of Each Receipt this Period

4.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BROWER, PATRICIA, , ,

**C.**

Mailing Address 3 WINCHESTER PL.

City

ALBANY

State

NY

Zip Code

12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 05 2025

Transaction ID : SA11A.171365

Amount of Each Receipt this Period

14.25

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

42.75

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

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

FOR LINE NUMBER:  
(check only one)

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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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

**A.**

Mailing Address POB 246

City

RICHLAND

State

GA

Zip Code

31825-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y  
02 05 2025

Transaction ID : SA11A.171353

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

Mailing Address POB 246

City

RICHLAND

State

GA

Zip Code

31825-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y  
02 05 2025

Transaction ID : SA11A.171354

Amount of Each Receipt this Period

14.25

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

Mailing Address POB 246

City

RICHLAND

State

GA

Zip Code

31825-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y  
02 05 2025

Transaction ID : SA11A.171355

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

24.25

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

A. Mailing Address POB 246

City  
RICHLAND

State  
GA

Zip Code  
31825-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 05 2025

Transaction ID : SA11A.171357

Amount of Each Receipt this Period

14.25

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

B. Mailing Address POB 246

City  
RICHLAND

State  
GA

Zip Code  
31825-0246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 05 2025

Transaction ID : SA11A.171359

Amount of Each Receipt this Period

14.25

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SORENSEN, EARL, , ,

C. Mailing Address 741 2ND ST SW

City  
VALLEY CITY

State  
ND

Zip Code  
58072-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

418.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 05 2025

Transaction ID : SA11A.171335

Amount of Each Receipt this Period

9.90

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

38.40

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)  
WINRED

A. Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 06 2025

Transaction ID : SA11C.171385

Amount of Each Receipt this Period

414.80

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
BROWER, PATRICIA, , ,

B. Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 06 2025

Transaction ID : SA11A.171424

Amount of Each Receipt this Period

1.90

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
CAMPBELL, FRANCIS, , ,

C. Mailing Address 5432 S SALVATION PL

City  
SIOUX FALLS

State  
SD

Zip Code  
57108-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 06 2025

Transaction ID : SA11A.171400

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

25.65

**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

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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MANOSH, NICK, , ,

**A.**

Mailing Address 120, NORTHGATE PLAZA

City

MORRISVILLE

State

VT

Zip Code

05661-8746

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
CONSTRUCTION

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 06 2025

Transaction ID : SA11A.171415

Amount of Each Receipt this Period

99.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

**B.**

Mailing Address 14170 F M 2854 ROAD

City

CONROE

State

TX

Zip Code

77304-4430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

610.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 06 2025

Transaction ID : SA11A.171413

Amount of Each Receipt this Period

26.03

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 07 2025

Transaction ID : SA11C.171426

Amount of Each Receipt this Period

285.70

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

125.03

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

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

NARDI, ALFONSO, , ,

**A.**

Mailing Address 406 LONGHILL ST

City

SPRINGFIELD

State

MA

Zip Code

01108-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

222.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2025

Transaction ID : SA11A.171431

Amount of Each Receipt this Period

24.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

Mailing Address 14170 F M 2854 ROAD

City

CONROE

State

TX

Zip Code

77304-4430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

610.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 07 / 2025

Transaction ID : SA11A.171430

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 08 / 2025

Transaction ID : SA11C.171445

Amount of Each Receipt this Period

452.31

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

119.75

**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  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

READ, MARIE, , ,

**A.**

Mailing Address 1 BISHOP GADSDEN WAY

City

CHARLESTON

State

SC

Zip Code

29412-3506

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 08 2025

Transaction ID : SA11A.171468

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 09 2025

Transaction ID : SA11C.171475

Amount of Each Receipt this Period

217.58

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**C.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 09 2025

Transaction ID : SA11A.171480

Amount of Each Receipt this Period

3.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

52.50

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
02 10 2025

Transaction ID : SA11C.171497

Amount of Each Receipt this Period

213.04

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
BLACKFORD, CHERYLL, , ,

Mailing Address 891 ANN MARIE DR

City  
MANTECAState  
CAZip Code  
95337-8584FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y  
02 10 2025

Transaction ID : SA11A.171502

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
CAMPBELL, FRANCIS, , ,

Mailing Address 5432 S SALVATION PL

City  
SIOUX FALLSState  
SDZip Code  
57108-8543FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 10 2025

Transaction ID : SA11A.171509

Amount of Each Receipt this Period

20.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

30.00

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

**A.**

Mailing Address 14170 F M 2854 ROAD

City  
CONROEState  
TXZip Code  
77304-4430FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

610.02

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y	
02		10		2025	

Transaction ID : SA11A.171505

Amount of Each Receipt this Period

26.03

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y	
02		11		2025	

Transaction ID : SA11C.171524

Amount of Each Receipt this Period

1705.50

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**C.**Full Name (Last, First, Middle Initial)  
BLACKFORD, CHERYLL, , ,

Mailing Address 891 ANN MARIE DR

City  
MANTECAState  
CAZip Code  
95337-8584FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y	
02		11		2025	

Transaction ID : SA11A.171527

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

27.03

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**A.** Mailing Address 891 ANN MARIE DR

City  
MANTECA

State  
CA

Zip Code  
95337-8584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 11 2025

Transaction ID : SA11A.171534

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**B.** Mailing Address 891 ANN MARIE DR

City  
MANTECA

State  
CA

Zip Code  
95337-8584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 11 2025

Transaction ID : SA11A.171537

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**C.** Mailing Address 891 ANN MARIE DR

City  
MANTECA

State  
CA

Zip Code  
95337-8584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 11 2025

Transaction ID : SA11A.171539

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

45.00

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

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

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(check only one)

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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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**A.** Mailing Address 891 ANN MARIE DR

City  
MANTECA

State  
CA

Zip Code  
95337-8584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 11 2025

Transaction ID : SA11A.171544

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SPARKS, L. DAVID, , ,

**B.** Mailing Address 11602 HALEY HOLLOW

City  
RICHMOND

State  
TX

Zip Code  
77407-7915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PROF. COMPOUNDING CENTERS PCCA

Occupation  
CEO

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 11 2025

Transaction ID : SA11A.171540

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.** Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 12 2025

Transaction ID : SA11C.171738

Amount of Each Receipt this Period

327.28

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

1550.00

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

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

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

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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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

A.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 12 2025

Transaction ID : SA11A.171756

Amount of Each Receipt this Period

4.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

TREVALLION, MARTHA, , ,

B.

Mailing Address 115 AMRITA COURT

City

CHARLOTTE

State

NC

Zip Code

28211-4089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 12 2025

Transaction ID : SA11A.171748

Amount of Each Receipt this Period

57.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

VANDERPOOL, BRUCE, , ,

C.

Mailing Address 28964 KORONIS DRIVE

City

PAYNESVILLE

State

MN

Zip Code

56362-9331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

INS AGENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 12 2025

Transaction ID : SA11A.171745

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

110.50

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

YANCEY, JO ANN, , ,

**A.**

Mailing Address 14170 F M 2854 ROAD

City  
CONROE

State  
TX

Zip Code  
77304-4430

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

610.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 12 2025

Transaction ID : SA11A.171759

Amount of Each Receipt this Period

14.25

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 13 2025

Transaction ID : SA11C.171768

Amount of Each Receipt this Period

483.81

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

CAMPBELL, FRANCIS, , ,

**C.**

Mailing Address 5432 S SALVATION PL

City  
SIOUX FALLS

State  
SD

Zip Code  
57108-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 13 2025

Transaction ID : SA11A.171783

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

24.25

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

CAMPBELL, FRANCIS, , ,

**A.** Mailing Address 5432 S SALVATION PL

City

SIOUX FALLS

State

SD

Zip Code

57108-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 13 2025

Transaction ID : SA11A.171784

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
CAMPBELL, FRANCIS, , ,  
Mailing Address 5432 S SALVATION PL

City

SIOUX FALLS

State

SD

Zip Code

57108-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 13 2025

Transaction ID : SA11A.171785

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
CAMPBELL, FRANCIS, , ,  
Mailing Address 5432 S SALVATION PL

City

SIOUX FALLS

State

SD

Zip Code

57108-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 13 2025

Transaction ID : SA11A.171786

Amount of Each Receipt this Period

5.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

38.75

**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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

CAMPBELL, FRANCIS, , ,

**A.**

Mailing Address 5432 S SALVATION PL

City

SIOUX FALLS

State

SD

Zip Code

57108-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 13 2025

Transaction ID : SA11A.171787

Amount of Each Receipt this Period

14.25

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

CAMPBELL, FRANCIS, , ,

**B.**

Mailing Address 5432 S SALVATION PL

City

SIOUX FALLS

State

SD

Zip Code

57108-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 13 2025

Transaction ID : SA11A.171788

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**C.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 13 2025

Transaction ID : SA11A.171793

Amount of Each Receipt this Period

4.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

28.25

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

KOMADA, ANNA, , ,

**A.**

Mailing Address 7000 RIVER RUN BLVD

City

SPRING HILL

State

FL

Zip Code

34607-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 13 2025

Transaction ID : SA11A.171771

Amount of Each Receipt this Period

9.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LETTAN, LINDA D, , ,

**B.**

Mailing Address 111 WINDY PT S

City

TOWNVILLE

State

SC

Zip Code

29689-3942

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

336.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 13 2025

Transaction ID : SA11A.171782

Amount of Each Receipt this Period

30.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SIDNER, CYNTHIA, , ,

**C.**

Mailing Address 1141 NEWMARKET DR

City

VIRGINIA BEACH

State

VA

Zip Code

23464-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1187.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 13 2025

Transaction ID : SA11A.171776

Amount of Each Receipt this Period

237.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

276.50

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 15 2025

Transaction ID : SA11C.172799

Amount of Each Receipt this Period

277.63

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
BIAGE, PHILLIP, , ,

Mailing Address 528 CARRIAGE DRIVE

City  
BATAVIAState  
ILZip Code  
60510-1106FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 15 2025

Transaction ID : SA11A.172804

Amount of Each Receipt this Period

9.90

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
CAMPBELL, FRANCIS, , ,

Mailing Address 5432 S SALVATION PL

City  
SIOUX FALLSState  
SDZip Code  
57108-8543FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 15 2025

Transaction ID : SA11A.172815

Amount of Each Receipt this Period

14.25

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

24.15

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DOEHRING, DANIEL, , ,

**A.**

Mailing Address 5452 WATERS ROAD

City

LAKELAND

State

FL

Zip Code

33811-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.00

Date of Receipt

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

Transaction ID : SA11A.172818

Amount of Each Receipt this Period

99.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

SORENSEN, EARL, , ,

Mailing Address 741 2ND ST SW

City

VALLEY CITY

State

ND

Zip Code

58072-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

418.27

Date of Receipt

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

Transaction ID : SA11A.172814

Amount of Each Receipt this Period

14.25

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.172823

Amount of Each Receipt this Period

308.71

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

113.25

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

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

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

FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MCLELLLE, MICHAEL, , ,

**A.**

Mailing Address 4925 WEATHERSTONE LANE SE

City

KENTWOOD

State

MI

Zip Code

49508-8435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 16 2025

Transaction ID : SA11A.172830

Amount of Each Receipt this Period

104.10

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 17 2025

Transaction ID : SA11C.172850

Amount of Each Receipt this Period

759.78

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

GATES, ALTON, , ,

**C.**

Mailing Address 9 MUSKOGEE LN

City

DESTIN

State

FL

Zip Code

32541-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 17 2025

Transaction ID : SA11A.172855

Amount of Each Receipt this Period

47.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

151.60

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

GIANNONI, JOHN, , ,

**A.**

Mailing Address 2122 TIENDA DRIVE

City

LODI

State

CA

Zip Code

95242-3908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
BUILDER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

712.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 17 2025

Transaction ID : SA11A.172852

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HOLSTEIN, D BROOKS, , ,

**B.**

Mailing Address 484 JORDAN DR

City

BILOXI

State

MS

Zip Code

39531-2309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
COMVEST PROPERTIES

Occupation  
REAL ESTATE DEVELOPER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 17 2025

Transaction ID : SA11A.172867

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 18 2025

Transaction ID : SA11C.172874

Amount of Each Receipt this Period

325.95

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

595.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
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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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

GIANNONI, JOHN, , ,

**A.**

Mailing Address 2122 TIENDA DRIVE

City

LODI

State

CA

Zip Code

95242-3908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
BUILDER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

712.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 18 2025

Transaction ID : SA11A.172893

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 19 2025

Transaction ID : SA11C.172905

Amount of Each Receipt this Period

495.04

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BAILEY, DANA, , ,

**C.**

Mailing Address 875 BAYFIELD DRIVE

City

COLORADO SPRINGS

State

CO

Zip Code

80906-4690

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 19 2025

Transaction ID : SA11A.172933

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

142.50

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DIVALL, STEPHEN, , ,

**A.** Mailing Address 389 RENAISSANCE CTCity  
BOULDER CITYState  
NVZip Code  
89005-1224FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

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

Transaction ID : SA11A.172910

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 5851 CACHETTE DE RIVIERA COURT

City  
NEW PORT RICHEYState  
FLZip Code  
34655-5622FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

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

Transaction ID : SA11A.172928

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.172943

Amount of Each Receipt this Period

834.38

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

95.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BARNHILL, BOB, , ,

**A.** Mailing Address 800 TIFFANY BLVD.City  
ROCKY MOUNTState  
NCZip Code  
27804-1946FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 20 2025

Transaction ID : SA11A.172949

Amount of Each Receipt this Period

475.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1490 J T EISLEY DRIVE

City  
CORONAState  
CAZip Code  
92881-4062FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CSIOccupation  
SECURITY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 20 2025

Transaction ID : SA11A.172950

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 8435 107TH

City  
RICHMOND HILLState  
NYZip Code  
11418-1140FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 20 2025

Transaction ID : SA11A.172977

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

620.00

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		21		2025

Transaction ID : SA11C.172985

Amount of Each Receipt this Period

1026.32

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
BIAGE, PHILLIP, , ,

Mailing Address 528 CARRIAGE DRIVE

City  
BATAVIAState  
ILZip Code  
60510-1106FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		21		2025

Transaction ID : SA11A.172996

Amount of Each Receipt this Period

49.50

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
BROWER, PATRICIA, , ,

Mailing Address 3 WINCHESTER PL.

City  
ALBANYState  
NYZip Code  
12211-1139FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		21		2025

Transaction ID : SA11A.173016

Amount of Each Receipt this Period

3.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

52.50

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

HENLEY, HOMEDOY, , ,

**A.**

Mailing Address 14251 MIMOSA LANE

City

TUSTIN

State

CA

Zip Code

92780-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 21 2025

Transaction ID : SA11A.173002

Amount of Each Receipt this Period

475.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KOMADA, ANNA, , ,

**B.**

Mailing Address 7000 RIVER RUN BLVD

City

SPRING HILL

State

FL

Zip Code

34607-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 21 2025

Transaction ID : SA11A.172991

Amount of Each Receipt this Period

9.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WELLER, JOAN, , ,

**C.**

Mailing Address 14829 MOCKINGBIRD DRIVE

City

GERMANTOWN

State

MD

Zip Code

20874-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 21 2025

Transaction ID : SA11A.173005

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

533.50

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

ZARAGOZA, JOHN, , ,

**A.**

Mailing Address 13952 S KING RD

City

HOMER GLEN

State

IL

Zip Code

60491-8509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

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

Transaction ID : SA11A.172990

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

ZEIGLER, DANIEL, , ,

Mailing Address 1088 LOCKCUFF ROAD

City

WILLIAMSPORT

State

PA

Zip Code

17701-8532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SWASD

Occupation

MAINTENANCE TECHNICIAN

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

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

Transaction ID : SA11A.172999

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.173019

Amount of Each Receipt this Period

258.81

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

142.50

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

A. Mailing Address POB 246

City  
RICHLANDState  
GAZip Code  
31825-0246FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1563.72

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		22		2025

Transaction ID : SA11A.173036

Amount of Each Receipt this Period

10.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SMITH, WALTER, , ,

B. Mailing Address 8501 WATERSIDE DR

City  
NORTHFIELDState  
OHZip Code  
44067-3214FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		22		2025

Transaction ID : SA11A.173027

Amount of Each Receipt this Period

47.50

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SORENSEN, EARL, , ,

C. Mailing Address 741 2ND ST SW

City  
VALLEY CITYState  
NDZip Code  
58072-3205FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

418.27

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		22		2025

Transaction ID : SA11A.173030

Amount of Each Receipt this Period

25.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

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

82.50
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**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		23		2025

Transaction ID : SA11C.173045

Amount of Each Receipt this Period

238.35

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
HOBLIK, JAN, , ,

Mailing Address 740 S CROWN POINTE DR

City  
ANAHEIMState  
CAZip Code  
92807-4758FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation  
SOFTWARE DEVELOPER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		23		2025

Transaction ID : SA11A.173060

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
LUGO, LEE, , ,

Mailing Address 3624 CAMPSTONE DRIVE

City  
PLANOState  
TXZip Code  
75023-1011FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.10

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
02		23		2025

Transaction ID : SA11A.173052

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

52.50

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MEYERS, MARLENE, , ,

**A.**

Mailing Address BOX 7246

City  
BENDState  
ORZip Code  
97708-7246FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

343.75

Date of Receipt

M M / D D / Y Y Y Y Y  
02 23 2025

Transaction ID : SA11A.173046

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
02 24 2025

Transaction ID : SA11C.173066

Amount of Each Receipt this Period

7969.39

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BAILEY, DANA, , ,

**C.**

Mailing Address 875 BAYFIELD DRIVE

City  
COLORADO SPRINGSState  
COZip Code  
80906-4690FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 24 2025

Transaction ID : SA11A.173069

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

118.75

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

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

FOR LINE NUMBER:  
(check only one)

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

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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

A.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 24 2025

Transaction ID : SA11A.173096

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

RIVES, ROBERT, , ,

B.

Mailing Address 18433 EDISON AVE,

City

CHESTERFIELD

State

MO

Zip Code

63005-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PE,INC

Occupation

REAL ESTATE MANAGER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 24 2025

Transaction ID : SA11A.173067

Amount of Each Receipt this Period

570.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SINGER, PAUL, , ,

C.

Mailing Address 340 ROYAL POINCIANA WAY

City

PALM BEACH

State

FL

Zip Code

33480-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT INVESTMENT MANAGEMENT

Occupation

CO-CEO, CO-CIO, PRESIDENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 24 2025

Transaction ID : SA11A.173074

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED; SEE  
REDESIGNATION

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

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

7571.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

SINGER, PAUL, , ,

**A.**

Mailing Address 340 ROYAL POINCIANA WAY

City

PALM BEACH

State

FL

Zip Code

33480-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT INVESTMENT MANAGEMENT

Occupation

CO-CEO, CO-CIO, PRESIDENT

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 25 2025

Transaction ID : SA11A.173098

Amount of Each Receipt this Period

- 3500.00



Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

**B.**

Full Name (Last, First, Middle Initial)

SINGER, PAUL, , ,

Mailing Address 340 ROYAL POINCIANA WAY

City

PALM BEACH

State

FL

Zip Code

33480-4048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ELLIOTT INVESTMENT MANAGEMENT

Occupation

CO-CEO, CO-CIO, PRESIDENT

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 25 2025

Transaction ID : SA11A.173098

Amount of Each Receipt this Period

3500.00



Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

**C.**

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
02 25 2025

Transaction ID : SA11C.173100

Amount of Each Receipt this Period

178.97



Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

0.00

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

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

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for each category of the  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BRENNER, DOUGLAS, , ,

**A.**

Mailing Address 6360 BUTTERNUT DR

City

MI

State

MI

Zip Code

49460-9153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 25 2025

Transaction ID : SA11A.173106

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
02 26 2025

Transaction ID : SA11C.173115

Amount of Each Receipt this Period

452.78

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BLACKBURN, LILLA, , ,

**C.**

Mailing Address 3248 Bammel Lane

City

HOUSTON

State

TX

Zip Code

77098-2027

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 26 2025

Transaction ID : SA11A.173118

Amount of Each Receipt this Period

99.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

194.00

**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  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

CAMPBELL, FRANCIS, , ,

**A.**

Mailing Address 5432 S SALVATION PL

City

SIOUX FALLS

State

SD

Zip Code

57108-8543

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 26 2025

Transaction ID : SA11A.173116

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 27 2025

Transaction ID : SA11C.173144

Amount of Each Receipt this Period

537.44

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**C.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 27 2025

Transaction ID : SA11A.173175

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

26.00

**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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DRAKE, PATRICIA, , ,

**A.**

Mailing Address 245 CASTLE FARMS ROAD

City

ALTOONA

State

PA

Zip Code

16601-9600

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 27 2025

Transaction ID : SA11A.173154

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MOUNT, MARIANNE, , ,

**B.**

Mailing Address 43272 EVANS POND ROAD

City

LEESBURG

State

VA

Zip Code

20176-5258

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 27 2025

Transaction ID : SA11A.173165

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SEBESTA, MICHELLE, , ,

**C.**

Mailing Address 18740 NW 24 CT

City

HOLLYWOOD

State

FL

Zip Code

33029-5351

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TATE TRANSPORT

Occupation

MANAGER

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 27 2025

Transaction ID : SA11A.173151

Amount of Each Receipt this Period

90.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

280.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)  
WINRED

**A.** Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 28 2025

Transaction ID : SA11C.173178

Amount of Each Receipt this Period

808.73

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
BROWER, PATRICIA, , ,

**B.** Mailing Address 3 WINCHESTER PL.

City  
ALBANY

State  
NY

Zip Code  
12211-1139

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 28 2025

Transaction ID : SA11A.173187

Amount of Each Receipt this Period

4.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
CROCCO, LOUISE, , ,

**C.** Mailing Address 12863 MALLARD CREEK DR

City  
WEST PALM BEACH

State  
FL

Zip Code  
33418-8662

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 28 2025

Transaction ID : SA11A.173226

Amount of Each Receipt this Period

52.05

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

56.80

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

KOMADA, ANNA, , ,

**A.** Mailing Address 7000 RIVER RUN BLVDCity  
SPRING HILLState  
FLZip Code  
34607-4051FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

229.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 28 2025

Transaction ID : SA11A.173203

Amount of Each Receipt this Period

9.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address BOX 7246

City  
BENDState  
ORZip Code  
97708-7246FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

343.75

Date of Receipt

M M / D D / Y Y Y Y Y  
02 28 2025

Transaction ID : SA11A.173216

Amount of Each Receipt this Period

45.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 12877 E HIGHWAY 54

City  
EL DORADO SPRINGSState  
MOZip Code  
64744-8235FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 28 2025

Transaction ID : SA11A.173230

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

101.50

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 01 2025

Transaction ID : SA11C.173258

Amount of Each Receipt this Period

260.62

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
DEANE, FREDERICK, R., DR., M.D.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City  
GRAND RAPIDS

State  
MI

Zip Code  
49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 01 2025

Transaction ID : SA11A.173270

Amount of Each Receipt this Period

4.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
DEANE, FREDERICK, R., DR., M.D.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City  
GRAND RAPIDS

State  
MI

Zip Code  
49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 01 2025

Transaction ID : SA11A.173274

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

9.00

**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 PageFOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M	D D	Y Y Y Y
03	02	2025

Transaction ID : SA11C.173277

Amount of Each Receipt this Period

290.82

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**B.** Full Name (Last, First, Middle Initial)  
DEANE, FREDERICK, R., DR., M.D.  
Mailing Address 3696 COOK VALLEY BLVD S.E.City  
GRAND RAPIDSState  
MIZip Code  
49546-8324FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M	D D	Y Y Y Y
03	02	2025

Transaction ID : SA11A.173291

Amount of Each Receipt this Period

2.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
NARDI, ALFONSO, , ,  
Mailing Address 406 LONGHILL STCity  
SPRINGFIELDState  
MAZip Code  
01108-1407FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

222.75

Date of Receipt

M M	D D	Y Y Y Y
03	02	2025

Transaction ID : SA11A.173281

Amount of Each Receipt this Period

24.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

26.75

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

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

NEVILLE, JAMES, , ,

**A.**

Mailing Address 31900 CHESTNUT LN

City

PEPPER PIKE

State

OH

Zip Code

44124-4375

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

297.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 02 2025

Transaction ID : SA11A.173294

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
03 03 2025

Transaction ID : SA11C.173303

Amount of Each Receipt this Period

467.10

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BIAGE, PHILLIP, , ,

**C.**

Mailing Address 528 CARRIAGE DRIVE

City

BATAVIA

State

IL

Zip Code

60510-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 03 2025

Transaction ID : SA11A.173311

Amount of Each Receipt this Period

24.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

74.25

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

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**A.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 03 2025

Transaction ID : SA11A.173337

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**B.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 03 2025

Transaction ID : SA11A.173338

Amount of Each Receipt this Period

1.80

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LOOMIS, AUDREY, , ,

**C.**

Mailing Address 674 FLINT HILL RD.

City

SONORA

State

KY

Zip Code

42776-8314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.40

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 03 2025

Transaction ID : SA11A.173335

Amount of Each Receipt this Period

50.35

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

53.15

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M	D D	Y Y Y Y
03	04	2025

Transaction ID : SA11C.173345

Amount of Each Receipt this Period

278.25

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City  
GRAND RAPIDSState  
MIZip Code  
49546-8324FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M	D D	Y Y Y Y
03	04	2025

Transaction ID : SA11A.173360

Amount of Each Receipt this Period

2.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M	D D	Y Y Y Y
03	05	2025

Transaction ID : SA11C.173372

Amount of Each Receipt this Period

249.30

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

2.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**A.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 05 2025

Transaction ID : SA11A.173379

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 05 2025

Transaction ID : SA11A.173381

Amount of Each Receipt this Period

2.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 05 2025

Transaction ID : SA11A.173384

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

8.00

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**A.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 05 2025

Transaction ID : SA11A.173405

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**B.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 05 2025

Transaction ID : SA11A.173406

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 06 2025

Transaction ID : SA11C.173411

Amount of Each Receipt this Period

329.02

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

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

6.00

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**A.** Mailing Address 891 ANN MARIE DRCity  
MANTECAState  
CAZip Code  
95337-8584FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 06 2025

Transaction ID : SA11A.173435

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 5432 S SALVATION PL

City  
SIOUX FALLSState  
SDZip Code  
57108-8543FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

276.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 06 2025

Transaction ID : SA11A.173417

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
DEANE, FREDERICK, R., DR., M.D.  
Mailing Address 3696 COOK VALLEY BLVD S.E.City  
GRAND RAPIDSState  
MIZip Code  
49546-8324FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 06 2025

Transaction ID : SA11A.173426

Amount of Each Receipt this Period

3.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

36.75

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**A.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 06 2025

Transaction ID : SA11A.173443

Amount of Each Receipt this Period

4.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MANOSH, NICK, , ,

**B.**

Mailing Address 120, NORTHGATE PLAZA

City

MORRISVILLE

State

VT

Zip Code

05661-8746

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

CONSTRUCTION

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 06 2025

Transaction ID : SA11A.173436

Amount of Each Receipt this Period

99.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 07 2025

Transaction ID : SA11C.173444

Amount of Each Receipt this Period

235.88

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

103.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**A.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 07 2025

Transaction ID : SA11A.173458

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**B.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 07 2025

Transaction ID : SA11A.173459

Amount of Each Receipt this Period

1.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

NARDI, ALFONSO, , ,

**C.**

Mailing Address 406 LONGHILL ST

City

SPRINGFIELD

State

MA

Zip Code

01108-1407

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

222.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 07 2025

Transaction ID : SA11A.173451

Amount of Each Receipt this Period

24.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

26.75

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M	D D	Y Y Y Y
03	08	2025

Transaction ID : SA11C.173473

Amount of Each Receipt this Period

266.56

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
READ, MARIE, , ,

Mailing Address 1 BISHOP GADSDEN WAY

City  
CHARLESTONState  
SCZip Code  
29412-3506FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M	D D	Y Y Y Y
03	08	2025

Transaction ID : SA11A.173492

Amount of Each Receipt this Period

49.50

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M	D D	Y Y Y Y
03	09	2025

Transaction ID : SA11C.173496

Amount of Each Receipt this Period

206.63

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

49.50

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**A.** Mailing Address 891 ANN MARIE DRCity  
MANTECAState  
CAZip Code  
95337-8584FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 09 2025

Transaction ID : SA11A.173505

Amount of Each Receipt this Period

2.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
BLACKFORD, CHERYLL, , ,  
Mailing Address 891 ANN MARIE DRCity  
MANTECAState  
CAZip Code  
95337-8584FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 09 2025

Transaction ID : SA11A.173506

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
BLACKFORD, CHERYLL, , ,  
Mailing Address 891 ANN MARIE DRCity  
MANTECAState  
CAZip Code  
95337-8584FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 09 2025

Transaction ID : SA11A.173507

Amount of Each Receipt this Period

8.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

15.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**A.** Mailing Address 891 ANN MARIE DRCity  
MANTECAState  
CAZip Code  
95337-8584FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 09 2025

Transaction ID : SA11A.173508

Amount of Each Receipt this Period

6.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2025

Transaction ID : SA11C.173547

Amount of Each Receipt this Period

412.26

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

SORENSEN, EARL, , ,

**C.** Mailing Address 741 2ND ST SWCity  
VALLEY CITYState  
NDZip Code  
58072-3205FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

418.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2025

Transaction ID : SA11A.173549

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

31.00

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

TREVALION, MARTHA, , ,

**A.** Mailing Address 115 AMRITA COURT

City

CHARLOTTE

State

NC

Zip Code

28211-4089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2025

Transaction ID : SA11A.173563

Amount of Each Receipt this Period

57.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

VANDERPOOL, BRUCE, , ,

**B.** Mailing Address 28964 KORONIS DRIVE

City

PAYNESVILLE

State

MN

Zip Code

56362-9331

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF

Occupation

INS AGENT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 12 2025

Transaction ID : SA11A.173557

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.** Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 13 2025

Transaction ID : SA11C.173581

Amount of Each Receipt this Period

282.41

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

106.50

**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  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

SIDNER, CYNTHIA, , ,

**A.**

Mailing Address 1141 NEWMARKET DR

City

VIRGINIA BEACH

State

VA

Zip Code

23464-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1187.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 13 2025

Transaction ID : SA11A.173586

Amount of Each Receipt this Period

237.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 15 2025

Transaction ID : SA11C.173620

Amount of Each Receipt this Period

295.45

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BIAGE, PHILLIP, , ,

**C.**

Mailing Address 528 CARRIAGE DRIVE

City

BATAVIA

State

IL

Zip Code

60510-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 15 2025

Transaction ID : SA11A.173626

Amount of Each Receipt this Period

9.90

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

247.40

**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  
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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**A.** Mailing Address 891 ANN MARIE DRCity  
MANTECAState  
CAZip Code  
95337-8584FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y  
03 15 2025

Transaction ID : SA11A.173645

Amount of Each Receipt this Period

6.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**B.** Full Name (Last, First, Middle Initial)  
DEANE, FREDERICK, R., DR., M.D.  
Mailing Address 3696 COOK VALLEY BLVD S.E.City  
GRAND RAPIDSState  
MIZip Code  
49546-8324FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y  
03 15 2025

Transaction ID : SA11A.173642

Amount of Each Receipt this Period

3.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**C.** Full Name (Last, First, Middle Initial)  
DEANE, FREDERICK, R., DR., M.D.  
Mailing Address 3696 COOK VALLEY BLVD S.E.City  
GRAND RAPIDSState  
MIZip Code  
49546-8324FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y  
03 15 2025

Transaction ID : SA11A.173644

Amount of Each Receipt this Period

3.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

12.00

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DOEHRING, DANIEL, , ,

**A.**

Mailing Address 5452 WATERS ROAD

City

LAKELAND

State

FL

Zip Code

33811-2645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 15 2025

Transaction ID : SA11A.173638

Amount of Each Receipt this Period

99.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
03 16 2025

Transaction ID : SA11C.173646

Amount of Each Receipt this Period

583.22

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**C.**

Mailing Address 891 ANN MARIE DR

City

MANTECA

State

CA

Zip Code

95337-8584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y  
03 16 2025

Transaction ID : SA11A.173650

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

109.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

ISAACKS, WAYNE, , ,

**A.**

Mailing Address 17142 N ELDRIDGE PKWY SUITE A

City

TOMBALL

State

TX

Zip Code

77377-8290

FEC ID number of contributing  
federal political committee.

C

Name of Employer

IA

Occupation

ATTY

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 16 2025

Transaction ID : SA11A.173665

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCLELLLE, MICHAEL, , ,

**B.**

Mailing Address 4925 WEATHERSTONE LANE SE

City

KENTWOOD

State

MI

Zip Code

49508-8435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.50

Date of Receipt

M M / D D / Y Y Y Y Y  
03 16 2025

Transaction ID : SA11A.173653

Amount of Each Receipt this Period

104.10

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
03 17 2025

Transaction ID : SA11C.173670

Amount of Each Receipt this Period

469.57

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

354.10

**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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

GATES, ALTON, , ,

**A.**

Mailing Address 9 MUSKOGEE LN

City  
DESTIN

State  
FL

Zip Code  
32541-4432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 17 2025

Transaction ID : SA11A.173676

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

GIANNONI, JOHN, , ,

**B.**

Mailing Address 2122 TIENDA DRIVE

City  
LODI

State  
CA

Zip Code  
95242-3908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
BUILDER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

712.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 17 2025

Transaction ID : SA11A.173673

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 18 2025

Transaction ID : SA11C.173714

Amount of Each Receipt this Period

375.87

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

142.50

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

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**A.** Mailing Address 891 ANN MARIE DR

City  
MANTECA

State  
CA

Zip Code  
95337-8584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 18 2025

Transaction ID : SA11A.173747

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**B.** Mailing Address 3696 COOK VALLEY BLVD S.E.

City  
GRAND RAPIDS

State  
MI

Zip Code  
49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 18 2025

Transaction ID : SA11A.173752

Amount of Each Receipt this Period

3.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

GIANNONI, JOHN, , ,

**C.** Mailing Address 2122 TIENDA DRIVE

City  
LODI

State  
CA

Zip Code  
95242-3908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
BUILDER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

712.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 18 2025

Transaction ID : SA11A.173731

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

55.50

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

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(check only one)

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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)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
03 19 2025

Transaction ID : SA11C.173757

Amount of Each Receipt this Period

425.93

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
DIVALL, STEPHEN, , ,

Mailing Address 389 RENAISSANCE CT

City  
BOULDER CITY

State  
NV

Zip Code  
89005-1224

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
03 19 2025

Transaction ID : SA11A.173759

Amount of Each Receipt this Period

47.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
MARTINEZ, ARLENE, , ,

Mailing Address 5851 CACHETTE DE RIVIERA COURT

City  
NEW PORT RICHEY

State  
FL

Zip Code  
34655-5622

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y  
03 19 2025

Transaction ID : SA11A.173778

Amount of Each Receipt this Period

47.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

95.00

**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  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 20 2025

Transaction ID : SA11C.173786

Amount of Each Receipt this Period

850.38

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
BARNHILL, BOB, , ,

Mailing Address 800 TIFFANY BLVD.

City  
ROCKY MOUNT

State  
NC

Zip Code  
27804-1946

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.173791

Amount of Each Receipt this Period

475.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
BLACKFORD, CHERYLL, , ,

Mailing Address 891 ANN MARIE DR

City  
MANTECA

State  
CA

Zip Code  
95337-8584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.173799

Amount of Each Receipt this Period

3.12

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

478.12

**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  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

**A.**

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.173813

Amount of Each Receipt this Period

2.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HORNETT, MICHELLE, , ,

**B.**

Mailing Address 1490 J T EISLEY DRIVE

City

CORONA

State

CA

Zip Code

92881-4062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CSI

Occupation

SECURITY

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.173792

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

PADILLA, FRANCISCO, , ,

**C.**

Mailing Address 8435 107TH

City

RICHMOND HILL

State

NY

Zip Code

11418-1140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 20 2025

Transaction ID : SA11A.173817

Amount of Each Receipt this Period

50.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

147.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 21 2025

Transaction ID : SA11C.173825

Amount of Each Receipt this Period

936.29

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
BIAGE, PHILLIP, , ,

Mailing Address 528 CARRIAGE DRIVE

City  
BATAVIA

State  
IL

Zip Code  
60510-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 21 2025

Transaction ID : SA11A.173831

Amount of Each Receipt this Period

49.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
DEANE, FREDERICK, R., DR., M.D.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City  
GRAND RAPIDS

State  
MI

Zip Code  
49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 21 2025

Transaction ID : SA11A.173853

Amount of Each Receipt this Period

4.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

53.50

**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  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

HENLEY, HOMEDYOY, , ,

**A.**

Mailing Address 14251 MIMOSA LANE

City

TUSTIN

State

CA

Zip Code

92780-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 21 2025

Transaction ID : SA11A.173837

Amount of Each Receipt this Period

475.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**B.**

Full Name (Last, First, Middle Initial)

WELLER, JOAN, , ,

Mailing Address 14829 MOCKINGBIRD DRIVE

City

GERMANTOWN

State

MD

Zip Code

20874-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y  
03 21 2025

Transaction ID : SA11A.173839

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

**C.**

Full Name (Last, First, Middle Initial)

ZARAGOZA, JOHN, , ,

Mailing Address 13952 S KING RD

City

HOMER GLEN

State

IL

Zip Code

60491-8509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 21 2025

Transaction ID : SA11A.173827

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

619.50

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

ZEIGLER, DANIEL, , ,

**A.**

Mailing Address 1088 LOCKCUFF ROAD

City

WILLIAMSPORT

State

PA

Zip Code

17701-8532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SWASD

Occupation

MAINTENANCE TECHNICIAN

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 21 2025

Transaction ID : SA11A.173833

Amount of Each Receipt this Period

47.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 22 2025

Transaction ID : SA11C.173855

Amount of Each Receipt this Period

239.51

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

SMITH, WALTER, , ,

**C.**

Mailing Address 8501 WATERSIDE DR

City

NORTHFIELD

State

OH

Zip Code

44067-3214

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 22 2025

Transaction ID : SA11A.173868

Amount of Each Receipt this Period

47.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

95.00

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

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

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

SORENSEN, EARL, , ,

**A.**

Mailing Address 741 2ND ST SW

City

VALLEY CITY

State

ND

Zip Code

58072-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

418.27

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 22 2025

Transaction ID : SA11A.173870

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 23 2025

Transaction ID : SA11C.173882

Amount of Each Receipt this Period

260.08

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**C.**

Mailing Address 891 ANN MARIE DR

City

MANTECA

State

CA

Zip Code

95337-8584

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 23 2025

Transaction ID : SA11A.173899

Amount of Each Receipt this Period

10.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

35.00

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

HOBLIK, JAN, , ,

**A.**

Mailing Address 740 S CROWN POINTE DR

City

ANAHEIM

State

CA

Zip Code

92807-4758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFOSYS

Occupation  
SOFTWARE DEVELOPER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 23 2025

Transaction ID : SA11A.173907

Amount of Each Receipt this Period

47.50

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LUGO, LEE, , ,

**B.**

Mailing Address 3624 CAMPSTONE DRIVE

City

PLANO

State

TX

Zip Code

75023-1011

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 23 2025

Transaction ID : SA11A.173889

Amount of Each Receipt this Period

5.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 24 2025

Transaction ID : SA11C.173912

Amount of Each Receipt this Period

286.21

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

52.50

**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  
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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

BLACKFORD, CHERYLL, , ,

**A.** Mailing Address 891 ANN MARIE DRCity  
MANTECAState  
CAZip Code  
95337-8584FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

201.12

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

Transaction ID : SA11A.173916

Amount of Each Receipt this Period

30.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MEYERS, MARLENE, , ,

**B.** Mailing Address BOX 7246City  
BENDState  
ORZip Code  
97708-7246FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

343.75

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

Transaction ID : SA11A.173939

Amount of Each Receipt this Period

23.75

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

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

Transaction ID : SA11C.173942

Amount of Each Receipt this Period

3302.86

☒ Memo Item  
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

53.75

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

**BRENNER, DOUGLAS, , ,**

**A.**

Mailing Address 6360 BUTTERNUT DR

City

MI

State

MI

Zip Code

49460-9153

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 25 2025

Transaction ID : SA11A.173950

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**KIMBELL, JEFFREY, , ,**

**B.**

Mailing Address 950 AERIE DRIVE

City

PARK CITY

State

UT

Zip Code

84060-8846

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

SELF

Occupation

HEALTH CARE CONSULTANT

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 25 2025

Transaction ID : SA11A.173961

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

**RIVES, ROBERT, , ,**

**C.**

Mailing Address 18433 EDISON AVE,

City

CHESTERFIELD

State

MO

Zip Code

63005-3632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

PE,INC

Occupation

REAL ESTATE MANAGER

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 25 2025

Transaction ID : SA11A.173968

Amount of Each Receipt this Period

570.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

3165.00

**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  
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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	5

Transaction ID : SA11C.174001

Amount of Each Receipt this Period

295.02

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
DEANE, FREDERICK, R., DR., M.D.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City  
GRAND RAPIDSState  
MIZip Code  
49546-8324FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	5

Transaction ID : SA11A.174016

Amount of Each Receipt this Period

8.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
KOMADA, ANNA, , ,

Mailing Address 7000 RIVER RUN BLVD

City  
SPRING HILLState  
FLZip Code  
34607-4051FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

229.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	5

Transaction ID : SA11A.174002

Amount of Each Receipt this Period

30.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

38.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MOUNT, MARIANNE, , ,

**A.** Mailing Address 43272 EVANS POND ROADCity  
LEESBURGState  
VAZip Code  
20176-5258FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 27 2025

Transaction ID : SA11A.174011

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M / D D / Y Y Y Y Y  
03 29 2025

Transaction ID : SA11C.174038

Amount of Each Receipt this Period

843.46

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

DRAKE, PATRICIA, , ,

**C.** Mailing Address 245 CASTLE FARMS ROADCity  
ALTOONAState  
PAZip Code  
16601-9600FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 29 2025

Transaction ID : SA11A.174046

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

190.00

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

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

MCGINLEY, MATT, , ,

**A.**

Mailing Address 2503-D HARRISON STREET NORTH #1210

City  
ARLINGTONState  
VAZip Code  
22207-1640FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ADVANCED POLICY CONSULTING, LLCOccupation  
PRINCIPAL

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
03	29	2025

Transaction ID : SA11A.174060

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SEBESTA, MICHELLE, , ,

**B.**

Mailing Address 18740 NW 24 CT

City  
HOLLYWOODState  
FLZip Code  
33029-5351FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TATE TRANSPORTOccupation  
MANAGER

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

M M	D D	Y Y Y Y
03	29	2025

Transaction ID : SA11A.174041

Amount of Each Receipt this Period

90.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

**C.**

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M	D D	Y Y Y Y
03	30	2025

Transaction ID : SA11C.174062

Amount of Each Receipt this Period

510.43

☒ Memo Item  
CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

590.00
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# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

DEANE, FREDERICK, R., DR., M.D.

A.

Mailing Address 3696 COOK VALLEY BLVD S.E.

City

GRAND RAPIDS

State

MI

Zip Code

49546-8324

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.30

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 30 2025

Transaction ID : SA11A.174082

Amount of Each Receipt this Period

3.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MEYERS, MARLENE, , ,

B.

Mailing Address BOX 7246

City

BEND

State

OR

Zip Code

97708-7246

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

343.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 30 2025

Transaction ID : SA11A.174083

Amount of Each Receipt this Period

45.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

PREUSS, BRENDA, , ,

C.

Mailing Address 12877 E HIGHWAY 54

City

EL DORADO SPRINGS

State

MO

Zip Code

64744-8235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 30 2025

Transaction ID : SA11A.174087

Amount of Each Receipt this Period

47.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

95.50

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

PAGE 133 OF 215

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City  
ARLINGTONState  
VAZip Code  
22219-1891FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

105510.41

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		31		2025

Transaction ID : SA11C.174108

Amount of Each Receipt this Period

370.11

☒ Memo Item  
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)  
CROCCO, LOUISE, , ,

Mailing Address 12863 MALLARD CREEK DR

City  
WEST PALM BEACHState  
FLZip Code  
33418-8662FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.25

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		31		2025

Transaction ID : SA11A.174123

Amount of Each Receipt this Period

52.05

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

52.05

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

34759.78

# **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 134 OF 215

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

**BOATPAC - NATIONAL MARINE MANUFACTURERS ASSOCIATION AND MARI**

Mailing Address 650 MASSACHUSETTS AVE NW, STE 520

City

WASHINGTON

State

DC

Zip Code

20001-3979

FEC ID number of contributing  
federal political committee.

**C** C00245548

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2025

Transaction ID : SA11C.174286

Amount of Each Receipt this Period

1500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**DOW INC. PAC (DOWPAC)**

Mailing Address 2211 H. H. DOW WAY

City

MIDLAND

State

MI

Zip Code

48642-4815

FEC ID number of contributing  
federal political committee.

**C** C00074096

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 31 2025

Transaction ID : SA11C.174285

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

**FAIRBANKS MORSE LLC PAC**

Mailing Address 701 WHITE AVE

City

BELOIT

State

WI

Zip Code

53511-5447

FEC ID number of contributing  
federal political committee.

**C** C00743435

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 11 2025

Transaction ID : SA11C.171522

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

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

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

4500.00

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

PAGE 135 OF 215

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

OTTER TAIL CORPORATION PAC

Mailing Address PO BOX 496

City

FERGUS FALLS

State

MN

Zip Code

56538-0496

FEC ID number of contributing  
federal political committee.

C C00292136

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 13 2025

Transaction ID : SA11C.170251

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

TOYOTA MOTOR NORTH AMERICA, INC POLITICAL ACTION COMMITTEE (

Mailing Address 325 7TH STREET, NW, SUITE 1000

City

WASHINGTON

State

DC

Zip Code

20004-2801

FEC ID number of contributing  
federal political committee.

C C00542365

Name of Employer

Occupation

Receipt For: 2030

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 04 2025

Transaction ID : SA11C.173344

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

2000.00

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

6500.00

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

PAGE 136 OF 215

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

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NAME OF COMMITTEE (In Full)

**Cramer for Senate**

Full Name (Last, First, Middle Initial)

CAPITOL HILL HOTEL

**A.** Mailing Address 200 C STREET SOUTHEAST

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

252.37

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 27 2025

Transaction ID : SA14.23055

Amount of Each Receipt this Period

252.37

☐ Memo Item

REFUND OF TRAVEL

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

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

252.37

252.37

**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 137 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. CRAMER, KRIS, , ,**

Mailing Address 4256 HIGHCREEK RD

City  
BISMARCKState  
NDZip Code  
58503Purpose of Disbursement  
NET PAY

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1584.15

Transaction ID : SB17.I22948

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CRAMER, KRIS, , ,**

Mailing Address 4256 HIGHCREEK RD

City  
BISMARCKState  
NDZip Code  
58503Purpose of Disbursement  
NET PAY

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

437.22

Transaction ID : SB17.I22949

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CRAMER, KRIS, , ,**

Mailing Address 4256 HIGHCREEK RD

City  
BISMARCKState  
NDZip Code  
58503Purpose of Disbursement  
NET PAY

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

215.57

Transaction ID : SB17.I22950

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

2236.94

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. CRAMER, KRIS, , ,**

Mailing Address 4256 HIGHCREEK RD

City  
BISMARCKState  
NDZip Code  
58503Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

116.20

Transaction ID : SB17.I22951

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CRAMER, KRIS, , ,**

Mailing Address 4256 HIGHCREEK RD

City  
BISMARCKState  
NDZip Code  
58503Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

78.40

Transaction ID : SB17.I22952

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CRAMER, KRIS, , ,**

Mailing Address 4256 HIGHCREEK RD

City  
BISMARCKState  
NDZip Code  
58503Purpose of Disbursement  
MILEAGE REIMBURSEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

49.00

Transaction ID : SB17.I22953

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

243.60

**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 139 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address 541 S 7TH ST

City  
BISMARCKState  
NDZip Code  
58504Purpose of Disbursement  
PHONE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

456.61

Transaction ID : SB17.I23017

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AT&T**

Mailing Address 541 S 7TH ST

City  
BISMARCKState  
NDZip Code  
58504Purpose of Disbursement  
PHONE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		31		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

456.51

Transaction ID : SB17.I23018

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AT&T**

Mailing Address 541 S 7TH ST

City  
BISMARCKState  
NDZip Code  
58504Purpose of Disbursement  
PHONE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

275.59

Transaction ID : SB17.I23019

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

1188.71

**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 140 OF 215

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. BISTRO CACAO**

Mailing Address 316 MASSACHUSETTS AVE. NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
FOOD

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

228.08

Transaction ID : SB17.I23023

☐ Memo Item**B. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3996.22

Transaction ID : SB17.I23025

☐ Memo Item**C. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1593.50

Transaction ID : SB17.I23026

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

5817.80

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. CAPITOL HILL CLUB**

Mailing Address 300 1ST ST SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

492.16

Transaction ID : SB17.I23027

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL HILL HOTEL**

Mailing Address 200 C STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

527.36

Transaction ID : SB17.I23028

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL HOTEL**

Mailing Address 200 C STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

252.37

Transaction ID : SB17.I23029

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

1271.89

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. CAROL WIDMAN'S CANDY COMPANY**

Mailing Address 4325 13TH AVE. S\_X000D\_OAK PARK P

City  
FARGOState  
NDZip Code  
58103Purpose of Disbursement  
FOOD

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

471.90

Transaction ID : SB17.I23030

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATABASE SERVICES

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I23034

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATABASE SERVICES

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I23035

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

2271.90

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	D D	Y Y Y Y
03	19	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I23036

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	D D	Y Y Y Y
01	07	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

210.60

Transaction ID : SB17.I23037

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATABASE SERVICES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	D D	Y Y Y Y
02	06	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

171.00

Transaction ID : SB17.I23038

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

1281.60

**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 144 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 7704 LEESBURG PIKE

City  
FALLS CHURCHState  
VAZip Code  
22043Purpose of Disbursement  
DATABASE SERVICES

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

128.40

Transaction ID : SB17.I23039

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

184.20

Transaction ID : SB17.I22929

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

35.00

Transaction ID : SB17.I22930

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

347.60

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

824.16

Transaction ID : SB17.I23040

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

763.37

Transaction ID : SB17.I23041

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

763.37

Transaction ID : SB17.I23042

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

2350.90

**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 146 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

728.37

Transaction ID : SB17.I23043

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

668.48

Transaction ID : SB17.I23044

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

518.19

Transaction ID : SB17.I23045

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

1915.04

**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 147 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. DELTA**

Mailing Address 1030 DELTA BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2025

City  
ATLANTAState  
GAZip Code  
30354

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

508.49

Transaction ID : SB17.I23046

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. DELTA**

Mailing Address 1030 DELTA BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		26		2025

City  
ATLANTAState  
GAZip Code  
30354

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

508.49

Transaction ID : SB17.I23047

☐ Memo Item

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)

**C. DELTA**

Mailing Address 1030 DELTA BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		06		2025

City  
ATLANTAState  
GAZip Code  
30354

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

488.36

Transaction ID : SB17.I23048

☐ Memo Item

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).....▶

1505.34

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 148 OF 215

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

428.18

Transaction ID : SB17.I23049

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

368.18

Transaction ID : SB17.I23050

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

358.48

Transaction ID : SB17.I23051

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

1154.84

**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 149 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

358.48

Transaction ID : SB17.I23052

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

300.18

Transaction ID : SB17.I23053

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELTA**

Mailing Address 1030 DELTA BLVD

City  
ATLANTAState  
GAZip Code  
30354Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

288.48

Transaction ID : SB17.I23054

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

947.14

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

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

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. ELECTION CFO**

Mailing Address P.O. BOX 26141

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
COMPLIANCE CONSULTING

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3081.36

Transaction ID : SB17.I22931

☐ Memo Item**B. ELECTION CFO**

Mailing Address P.O. BOX 26141

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
COMPLIANCE CONSULTING

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3069.65

Transaction ID : SB17.I22932

☐ Memo Item**C. ELECTION CFO**

Mailing Address P.O. BOX 26141

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
COMPLIANCE CONSULTING

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3049.50

Transaction ID : SB17.I22933

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

9200.51

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. FLAG FAMILY MEDIA**

Mailing Address 2852 THUNDER ROAD S

City  
FARGOState  
NDZip Code  
58104Purpose of Disbursement  
ADVERTISING - RADIO

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

15000.00

Transaction ID : SB17.I22934

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GUSTO**

Mailing Address 525 20TH STREET

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

528.29

Transaction ID : SB17.I22937

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GUSTO**

Mailing Address 525 20TH STREET

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

309.70

Transaction ID : SB17.I22938

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

15837.99

**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 152 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. GUSTO**

Mailing Address 525 20TH STREET

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL TAXES

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

271.56

Transaction ID : SB17.I22939

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GUSTO**

Mailing Address 525 20TH STREET

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL PROCESSING

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

51.00

Transaction ID : SB17.I22940

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GUSTO**

Mailing Address 525 20TH STREET

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL PROCESSING

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

46.00

Transaction ID : SB17.I22941

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

368.56

**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 153 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. GUSTO**

Mailing Address 525 20TH STREET

City  
SAN FRANCISCOState  
CAZip Code  
94107Purpose of Disbursement  
PAYROLL PROCESSING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

46.00

Transaction ID : SB17.I22942

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HAMPTON INN & SUITES**

Mailing Address 7930 JONES BRANCH DR

City  
MCLEANState  
VAZip Code  
22102Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

253.04

Transaction ID : SB17.I22943

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN**

Mailing Address P.O. BOX 30321

City  
SALT LAKE CITYState  
UTZip Code  
84130Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

238.13

Transaction ID : SB17.I22944

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

537.17

**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 154 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. HOLIDAY INN**

Mailing Address P.O. BOX 30321

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	5

City  
SALT LAKE CITYState  
UTZip Code  
84130

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

206.68

Transaction ID : SB17.I22945

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. MAGIC SOCCER FC**

Mailing Address 8920 BRIARDALE DRIVE

Date of Disbursement

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

City  
BISMARCKState  
NDZip Code  
58504

FEC Identification Number

C

Purpose of Disbursement  
SPONSORSHIP

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2057.90

Transaction ID : SB17.I22954

☐ Memo Item

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)

**C. MIDCONTINENT COMMUNICATIONS**

Mailing Address P.O. BOX 5010

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City  
SIOUX FALLSState  
SDZip Code  
57117

FEC Identification Number

C

Purpose of Disbursement  
UTILITIES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

108.54

Transaction ID : SB17.I22957

☐ Memo Item

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).....▶

2373.12

**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 155 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. MIDCONTINENT COMMUNICATIONS**

Mailing Address P.O. BOX 5010

City  
SIOUX FALLSState  
SDZip Code  
57117Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

108.54

Transaction ID : SB17.I22958

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MIDCONTINENT COMMUNICATIONS**

Mailing Address P.O. BOX 5010

City  
SIOUX FALLSState  
SDZip Code  
57117Purpose of Disbursement  
UTILITIES

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		28		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

108.54

Transaction ID : SB17.I22959

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ODNEY, INC.**

Mailing Address P.O. BOX 2035

City  
BISMARKState  
NDZip Code  
58502Purpose of Disbursement  
WEBSITE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

124.12

Transaction ID : SB17.I22962

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

341.20

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. SILICON PLAINS, LLC**

Mailing Address 2207 E MAIN AVE

City  
BISMARKState  
NDZip Code  
58501Purpose of Disbursement  
PRINTING

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

944.28

Transaction ID : SB17.I22969

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SUPERSHUTTLE**

Mailing Address 8930 S. BECK AVE

City  
TEMPEState  
AZZip Code  
85284Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

376.08

Transaction ID : SB17.I22972

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SUPERSHUTTLE**

Mailing Address 8930 S. BECK AVE

City  
TEMPEState  
AZZip Code  
85284Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

366.08

Transaction ID : SB17.I22973

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

1686.44

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. TAG LLC**

Mailing Address 121 NORTH WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		17		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

11482.07

Transaction ID : SB17.I22974

☐ Memo Item**B. TAG LLC**

Mailing Address 121 NORTH WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

9920.84

Transaction ID : SB17.I22975

☐ Memo Item**C. TAG LLC**

Mailing Address 121 NORTH WASHINGTON STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		13		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

7819.96

Transaction ID : SB17.I22976

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

29222.87

**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 158 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. THE BREAKERS PALM BEACH**

Mailing Address 1 S COUNTY RD

City  
PALM BEACHState  
FLZip Code  
33480Purpose of Disbursement  
TRAVEL

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3758.87

Transaction ID : SB17.I22977

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE BREAKERS PALM BEACH**

Mailing Address 1 S COUNTY RD

City  
PALM BEACHState  
FLZip Code  
33480Purpose of Disbursement  
TRAVEL

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.I22978

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TRAIL BOSS STORAGE**

Mailing Address 13701 TRAIL BOSS WAY

City  
BISMARCKState  
NDZip Code  
58503Purpose of Disbursement  
RENT

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.I22979

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

4018.87

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. TRAIL BOSS STORAGE**

Mailing Address 13701 TRAIL BOSS WAY

City  
BISMARCKState  
NDZip Code  
58503Purpose of Disbursement  
RENT

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.I22980

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TRAIL BOSS STORAGE**

Mailing Address 13701 TRAIL BOSS WAY

City  
BISMARCKState  
NDZip Code  
58503Purpose of Disbursement  
RENT

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

60.00

Transaction ID : SB17.I22981

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED PRINTING**

Mailing Address 300 S 1ST ST

City  
BISMARCKState  
NDZip Code  
58504Purpose of Disbursement  
PRINTING

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

880.61

Transaction ID : SB17.I22982

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

1000.61

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. US BANK**

Mailing Address 200 NORTH 3RD STREET, #200

City  
BISMARCKState  
NDZip Code  
58501Purpose of Disbursement  
CC PAYMENT (SEE BELOW)

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20276.50

Transaction ID : SB17.I22983

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HOLIDAY INN**

Mailing Address P.O. BOX 30321

City  
SALT LAKE CITYState  
UTZip Code  
84130Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9730.40

Transaction ID : SB17.I23078

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN**

Mailing Address P.O. BOX 30321

City  
SALT LAKE CITYState  
UTZip Code  
84130Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

6322.14

Transaction ID : SB17.I23080

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

20276.50

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. HOLIDAY INN**

Mailing Address P.O. BOX 30321

City  
SALT LAKE CITYState  
UTZip Code  
84130Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1700.91

Transaction ID : SB17.I23106

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**B. TRATTORIA ALBERTO**

Mailing Address 508 8TH STREET SOUTHEAST

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
FOOD

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1130.38

Transaction ID : SB17.I23105

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

64.08

Transaction ID : SB17.I23069

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20.55

Transaction ID : SB17.I23071

☒ Memo Item USBANK 2/19**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

22.05

Transaction ID : SB17.I23072

☒ Memo Item USBANK 2/19**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

66.50

Transaction ID : SB17.I23073

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3.30

Transaction ID : SB17.I23074

☒ Memo Item USBANK 2/19**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

76.63

Transaction ID : SB17.I23075

☒ Memo Item USBANK 2/19**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.11

Transaction ID : SB17.I23076

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

113.41

Transaction ID : SB17.I23079

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.98

Transaction ID : SB17.I23081

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.19

Transaction ID : SB17.I23082

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.79

Transaction ID : SB17.I23083

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB17.I23084

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

28.08

Transaction ID : SB17.I23085

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

58.78

Transaction ID : SB17.I23086

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

38.48

Transaction ID : SB17.I23087

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

43.61

Transaction ID : SB17.I23088

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

14.87

Transaction ID : SB17.I23089

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : SB17.I23090

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

26.00

Transaction ID : SB17.I23091

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.I23092

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

28.64

Transaction ID : SB17.I23093

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

36.35

Transaction ID : SB17.I23094

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

52.89

Transaction ID : SB17.I23095

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

22.26

Transaction ID : SB17.I23096

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

57.17

Transaction ID : SB17.I23098

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

62.23

Transaction ID : SB17.I23099

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

18.24

Transaction ID : SB17.I23100

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

42.81

Transaction ID : SB17.I23101

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

38.66

Transaction ID : SB17.I23102

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

45.12

Transaction ID : SB17.I23103

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

27.08

Transaction ID : SB17.I23104

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

PAGE 172 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : SB17.I23107

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

34.59

Transaction ID : SB17.I23108

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

12.70

Transaction ID : SB17.I23109

☒ Memo Item USBANK 2/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : SB17.I23110

☒ Memo Item USBANK 2/19

Full Name (Last, First, Middle Initial)

**B. US BANK**

Mailing Address 200 NORTH 3RD STREET, #200

City  
BISMARCKState  
NDZip Code  
58501Purpose of Disbursement  
CC PAYMENT (SEE BELOW)

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5245.41

Transaction ID : SB17.I22984

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLIDAY INN**

Mailing Address P.O. BOX 30321

City  
SALT LAKE CITYState  
UTZip Code  
84130Purpose of Disbursement  
EVENT EXPENSES

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I23060

☒ Memo Item USBANK 1/21**SUBTOTAL** of Disbursements This Page (optional).....▶

5245.41

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

29.66

Transaction ID : SB17.I23061

☒ Memo Item USBANK 1/21

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		0	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

22.88

Transaction ID : SB17.I23062

☒ Memo Item USBANK 1/21

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

33.06

Transaction ID : SB17.I23064

☒ Memo Item USBANK 1/21**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.I23065

☒ Memo Item USBANK 1/21

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

56.18

Transaction ID : SB17.I23066

☒ Memo Item USBANK 1/21

Full Name (Last, First, Middle Initial)

**C. US BANK**

Mailing Address 200 NORTH 3RD STREET, #200

City  
BISMARCKState  
NDZip Code  
58501Purpose of Disbursement  
CC PAYMENT (SEE BELOW)

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

348.27

Transaction ID : SB17.I22985

☐ Memo Item

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

348.27

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	7	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

37.76

Transaction ID : SB17.I23111

☒ Memo Item USBANK 3/19**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.08

Transaction ID : SB17.I23112

☒ Memo Item USBANK 3/19**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

46.75

Transaction ID : SB17.I23113

☒ Memo Item USBANK 3/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB17.I23114

☒ Memo Item USBANK 3/19

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

26.81

Transaction ID : SB17.I23115

☒ Memo Item USBANK 3/19

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.79

Transaction ID : SB17.I23117

☒ Memo Item USBANK 3/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.89

Transaction ID : SB17.I23118

☒ Memo Item USBANK 3/19**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

35.31

Transaction ID : SB17.I23119

☒ Memo Item USBANK 3/19**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

29.99

Transaction ID : SB17.I23120

☒ Memo Item USBANK 3/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

29.64

Transaction ID : SB17.I23121

☒ Memo Item USBANK 3/19**B. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB17.I23122

☒ Memo Item USBANK 3/19**C. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20.18

Transaction ID : SB17.I23123

☒ Memo Item USBANK 3/19**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

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

PAGE 180 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET ST

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

24.08

Transaction ID : SB17.I23124

☒ Memo Item USBANK 3/19

Full Name (Last, First, Middle Initial)

**B. US BANK**

Mailing Address 200 NORTH 3RD STREET, #200

City  
BISMARCKState  
NDZip Code  
58501Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : SB17.I22986

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. US BANK**

Mailing Address 200 NORTH 3RD STREET, #200

City  
BISMARCKState  
NDZip Code  
58501Purpose of Disbursement  
BANK FEE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : SB17.I22987

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

5.50

**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 181 OF 215

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. US BANK**

Mailing Address 200 NORTH 3RD STREET, #200

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2025

City  
BISMARCKState  
NDZip Code  
58501

FEC Identification Number

C

Purpose of Disbursement  
BANK FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2.50

Transaction ID : SB17.I22988

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. US SENATE - RESTAURANT ASSOCIATES**

Mailing Address P.O. BOX 23277

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2025

City  
WASHINGTONState  
DCZip Code  
20026

FEC Identification Number

C

Purpose of Disbursement  
FOOD

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

138.00

Transaction ID : SB17.I22989

☐ Memo Item

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)

**C. US SENATE - RESTAURANT ASSOCIATES**

Mailing Address P.O. BOX 23277

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2025

City  
WASHINGTONState  
DCZip Code  
20026

FEC Identification Number

C

Purpose of Disbursement  
FOOD

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

110.40

Transaction ID : SB17.I22990

☐ Memo Item

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).....▶

250.90

**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 182 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. US SENATE - RESTAURANT ASSOCIATES**

Mailing Address P.O. BOX 23277

City  
WASHINGTONState  
DCZip Code  
20026Purpose of Disbursement  
FOOD

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

110.40

Transaction ID : SB17.I22991

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. USHR CATERING**

Mailing Address 1100 13TH ST. NW STE. 800,

City  
WASHINGTONState  
DCZip Code  
20005Purpose of Disbursement  
FOOD

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8350.77

Transaction ID : SB17.I22992

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. VIVINT INC**

Mailing Address 5132 N 300 W

City  
PROVOState  
UTZip Code  
84604Purpose of Disbursement  
SECURITY

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.62

Transaction ID : SB17.I22994

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

8511.79

**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)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. VIVINT INC**

Mailing Address 5132 N 300 W

City  
PROVOState  
UTZip Code  
84604Purpose of Disbursement  
SECURITY

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.62

Transaction ID : SB17.I22995

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. VIVINT INC**

Mailing Address 5132 N 300 W

City  
PROVOState  
UTZip Code  
84604Purpose of Disbursement  
SECURITY

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.62

Transaction ID : SB17.I22996

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. VIVINT INC**

Mailing Address 5132 N 300 W

City  
PROVOState  
UTZip Code  
84604Purpose of Disbursement  
SECURITY

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

48.93

Transaction ID : SB17.I22997

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

150.17

**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 184 OF 215

<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. VIVINT INC**

Mailing Address 5132 N 300 W

City  
PROVOState  
UTZip Code  
84604Purpose of Disbursement  
SECURITY

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

48.93

Transaction ID : SB17.I22998

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. VIVINT INC**

Mailing Address 5132 N 300 W

City  
PROVOState  
UTZip Code  
84604Purpose of Disbursement  
SECURITY

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

48.93

Transaction ID : SB17.I22999

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WILSON-GRAND COMMUNICATIONS**

Mailing Address 429 NORTH ST. ASAPH ST

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
COMMUNICATIONS CONSULTING

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.I23003

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

10097.86

**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 185 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BOULEVARD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
FUNDRAISING FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

831.78

Transaction ID : SB17.I23004

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BOULEVARD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
FUNDRAISING FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

823.26

Transaction ID : SB17.I23005

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BOULEVARD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
FUNDRAISING FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

554.24

Transaction ID : SB17.I23006

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

2209.28

**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 186 OF 215

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BOULEVARD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
FUNDRAISING FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

493.49

Transaction ID : SB17.I23007

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BOULEVARD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
FUNDRAISING FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

306.88

Transaction ID : SB17.I23008

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BOULEVARD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
FUNDRAISING FEES

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

241.76

Transaction ID : SB17.I23009

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

1042.13

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. NRSC**

Mailing Address 425 2ND STREET NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
EVENT EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		19		2025

FEC Identification Number

C C00027466

Amount of Each Disbursement this Period

529.19

Transaction ID : SB17.I23056

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

529.19

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

135787.64

**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 188 OF 215

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.I23130

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23131

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.75

Transaction ID : SB20A.I23132

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

33.50

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.50

Transaction ID : SB20A.I23133

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.75

Transaction ID : SB20A.I23134

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.I23135

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

19.25

**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 190 OF 215

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.I23136

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23137

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23138

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

52.50

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

6.00

Transaction ID : SB20A.I23139

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.I23140

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.75

Transaction ID : SB20A.I23141

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

15.75

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.50

Transaction ID : SB20A.I23142

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.75

Transaction ID : SB20A.I23143

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23144

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

38.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB20A.I23150

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1.00

Transaction ID : SB20A.I23151

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : SB20A.I23152

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

25.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.50

Transaction ID : SB20A.I23153

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.I23154

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.75

Transaction ID : SB20A.I23155

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

64.25

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB20A.I23156

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB20A.I23157

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : SB20A.I23158

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

63.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.I23159

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23160

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.I23161

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

78.75

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6.00

Transaction ID : SB20A.I23162

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.I23163

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BETMAN, RACHEL, , ,**

Mailing Address 5 GALLO WAY

City  
EDISONState  
NJZip Code  
08820Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1.00

Transaction ID : SB20A.I23164

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

17.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23372

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23373

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB20A.I23374

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

142.50

**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 199 OF 215

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

47.50

Transaction ID : SB20A.I23375

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23377

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23378

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

95.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

47.50

Transaction ID : SB20A.I23379

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.50

Transaction ID : SB20A.I23380

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB20A.I23381

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

152.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23382

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23384

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FINE, BARBARA, , ,**

Mailing Address 67TOLLAND RD

City  
BRISTOLState  
CTZip Code  
06010Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

47.50

Transaction ID : SB20A.I23385

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

95.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. GOMEZ, KATHLEEN, , ,**

Mailing Address 3708 CORINNE AVE

City  
CHALMETTEState  
LAZip Code  
70043Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23230

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOMEZ, KATHLEEN, , ,**

Mailing Address 3708 CORINNE AVE

City  
CHALMETTEState  
LAZip Code  
70043Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23231

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOMEZ, KATHLEEN, , ,**

Mailing Address 3708 CORINNE AVE

City  
CHALMETTEState  
LAZip Code  
70043Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.I23233

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

52.50

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. GOMEZ, KATHLEEN, , ,**

Mailing Address 3708 CORINNE AVE

City  
CHALMETTEState  
LAZip Code  
70043Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.I23243

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOMEZ, KATHLEEN, , ,**

Mailing Address 3708 CORINNE AVE

City  
CHALMETTEState  
LAZip Code  
70043Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23244

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOMEZ, KATHLEEN, , ,**

Mailing Address 3708 CORINNE AVE

City  
CHALMETTEState  
LAZip Code  
70043Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23245

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

52.50

**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 204 OF 215

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. GOMEZ, KATHLEEN, , ,**

Mailing Address 3708 CORINNE AVE

City  
CHALMETTEState  
LAZip Code  
70043Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23246

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOMEZ, KATHLEEN, , ,**

Mailing Address 3708 CORINNE AVE

City  
CHALMETTEState  
LAZip Code  
70043Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23247

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOMEZ, KATHLEEN, , ,**

Mailing Address 3708 CORINNE AVE

City  
CHALMETTEState  
LAZip Code  
70043Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23248

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

71.25

**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 205 OF 215

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. GOMEZ, KATHLEEN, , ,**

Mailing Address 3708 CORINNE AVE

City  
CHALMETTEState  
LAZip Code  
70043Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : SB20A.I23249

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GOMEZ, KATHLEEN, , ,**

Mailing Address 3708 CORINNE AVE

City  
CHALMETTEState  
LAZip Code  
70043Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I23250

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. RANKIN, JACK, , ,**

Mailing Address 3400 W STONEGATE BLVD

City  
ARLINGTON HEIGHTSState  
ILZip Code  
60005Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB20A.I23305

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

121.75

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. RANKIN, JACK, , ,**

Mailing Address 3400 W STONEGATE BLVD

City  
ARLINGTON HEIGHTSState  
ILZip Code  
60005Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB20A.I23306

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. RANKIN, JACK, , ,**

Mailing Address 3400 W STONEGATE BLVD

City  
ARLINGTON HEIGHTSState  
ILZip Code  
60005Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	8	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB20A.I23307

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.I23206

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

215.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.I23207

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.I23208

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.I23209

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

30.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB20A.I23210

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.I23211

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.I23212

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

50.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.I23213

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.I23214

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : SB20A.I23215

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

85.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.I23216

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB20A.I23217

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.I23218

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

40.00

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB20A.I23396

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.I23397

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SPURGEON, SUSAN, , ,**

Mailing Address 416 STABLE VIEW CIRCLE

City  
CHATTANOOGAState  
TNZip Code  
37405Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.I23398

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

105.00

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

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

PAGE 212 OF 215

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. VEIGLE, JIM, , ,**

Mailing Address 1301 W FAIRBANKS AVE

City  
WINTER PARKState  
FLZip Code  
32789Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

49.50

Transaction ID : SB20A.I23275

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. VEIGLE, JIM, , ,**

Mailing Address 1301 W FAIRBANKS AVE

City  
WINTER PARKState  
FLZip Code  
32789Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : SB20A.I23276

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. VEIGLE, JIM, , ,**

Mailing Address 1301 W FAIRBANKS AVE

City  
WINTER PARKState  
FLZip Code  
32789Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

49.50

Transaction ID : SB20A.I23277

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

198.00

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

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

PAGE 213 OF 215

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. VEIGLE, JIM, , ,**

Mailing Address 1301 W FAIRBANKS AVE

City  
WINTER PARKState  
FLZip Code  
32789Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

99.00

Transaction ID : SB20A.I23278

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WHITE, SHARON E, , ,**

Mailing Address 4325 CLAYTON RD W

City  
FORT WORTHState  
TXZip Code  
76116Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB20A.I23279

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WHITE, SHARON E, , ,**

Mailing Address 4325 CLAYTON RD W

City  
FORT WORTHState  
TXZip Code  
76116Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.02

Transaction ID : SB20A.I23280

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

203.02

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

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. WHITE, SHARON E, , ,**

Mailing Address 4325 CLAYTON RD W

City  
FORT WORTHState  
TXZip Code  
76116Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB20A.I23281

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WHITE, SHARON E, , ,**

Mailing Address 4325 CLAYTON RD W

City  
FORT WORTHState  
TXZip Code  
76116Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.02

Transaction ID : SB20A.I23282

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WHITE, SHARON E, , ,**

Mailing Address 4325 CLAYTON RD W

City  
FORT WORTHState  
TXZip Code  
76116Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2030

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB20A.I23283

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

199.02

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

2314.54

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

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<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Cramer for Senate

Full Name (Last, First, Middle Initial)

**A. NORTH DAKOTA FAMILY ALLIANCE**Mailing Address 1515 BURNT BOAT DRIVE  
#148City  
BISMARCKState  
NDZip Code  
58503Purpose of Disbursement  
CONTRIBUTION

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB21.I22960

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NORTH DAKOTA SOCIETY OF MAYFLOWER DESCENDANTS**

Mailing Address 18 WINSLOW ST

City  
PLYMOUTHState  
MAZip Code  
02360Purpose of Disbursement  
CONTRIBUTION

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.I22961

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

4000.00

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

4000.00