FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

DENOTTER FOR CONGRESS

ADDRESS (number and street) ▼ 1735 TURNBERRY TR

☐ Check if different than previously reported. (ACC)

BOYNE CITY | MI | 49712 –

CITY ▲ | STATE ▲ | ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00788588

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

STATE ▼ DISTRICT: MI | 01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

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

- ☒ Primary (12P)
- ☐ General (12G)
- ☐ Runoff (12R)
- ☐ Convention (12C)
- ☐ Special (12S)

Election on MM 08 / DD 04 / YYYY 2026 in the State of MI

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

- ☐ General (30G)
- ☐ Runoff (30R)
- ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period MM 07 / DD 01 / YYYY 2026 through MM 07 / DD 15 / YYYY 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DRAGONE, SHERRY, , ,

Signature of Treasurer *DRAGONE, SHERRY, , ,* Date MM 07 / DD 27 / YYYY 2026

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

Office Use Only							

Image# 202607279894479270

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

DENOTTER FOR CONGRESS

Report Covering the Period: From: 07/01/2026 To: 07/15/2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	45.00	28690.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	45.00	28690.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	268494.65	1820958.79
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	268494.65	1820958.79
8. Cash on Hand at Close of Reporting Period (from Line 27).....	73854.22	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	70524.71	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	2011802.94	

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

Image# 202607279894479271

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

DENOTTER FOR CONGRESS

Report Covering the Period: From: 07 / 01 / 2026 To: 07 / 15 / 2026

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	24500.00
(ii) Unitemized	45.00	4190.00
(iii) TOTAL of contributions from individuals ▶	45.00	28690.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	45.00	28690.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	1865575.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	1865575.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	524.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	45.00	1894789.00

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3** (Revised 05/2016)

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	268494.65	1820958.79
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	268494.65	1820958.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	342303.87
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	45.00
25. SUBTOTAL (add Line 23 and Line 24)	342348.87
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	268494.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	73854.22

Image# 202607279894479273

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
DENOTTER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City: NEW ORLEANS | State: LA | Zip Code: 70112

Purpose of Disbursement: ANEDOT FEE
Category/Type: 001

Candidate Name: DENOTTER FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 01

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 02 / 2026

FEC Identification Number: C C00788588

Amount of Each Disbursement this Period: 1.30

Transaction ID : SB17.4506

☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City: NEW ORLEANS | State: LA | Zip Code: 70112

Purpose of Disbursement: ANEDOT FEE
Category/Type: 001

Candidate Name: DENOTTER FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 01

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 08 / 2026

FEC Identification Number: C C00788588

Amount of Each Disbursement this Period: 1.10

Transaction ID : SB17.4507

☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLC

Mailing Address 530B HARKLE RD
STE 100

City: SANTE FE | State: NM | Zip Code: 87505

Purpose of Disbursement: MEDIA ADVERTISING
Category/Type: 004

Candidate Name: DENOTTER FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 01

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 07 / 02 / 2026

FEC Identification Number: C C00788588

Amount of Each Disbursement this Period: 87100.00

Transaction ID : SB17.4462

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 87102.40

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

Image# 202607279894479274

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[X] 17 [ ] 18 [ ] 19a [ ] 19b
[ ] 20a [ ] 20b [ ] 20c [ ] 21

NAME OF COMMITTEE (In Full)
DENOTTER FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLC

Mailing Address 530B HARKLE RD
STE 100

City: SANTE FE | State: NM | Zip Code: 87505

Purpose of Disbursement: MEDIA ADVERTISING
Category/Type: 004

Candidate Name: DENOTTER FOR CONGRESS

Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 01

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 07 / 08 / 2026

FEC Identification Number: C C00788588

Amount of Each Disbursement this Period: 87100.00

Transaction ID : SB17.4484

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLC

Mailing Address 530B HARKLE RD
STE 100

City: SANTE FE | State: NM | Zip Code: 87505

Purpose of Disbursement: MEDIA ADVERTISING
Category/Type: 004

Candidate Name: DENOTTER FOR CONGRESS

Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 01

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 07 / 14 / 2026

FEC Identification Number: C C00788588

Amount of Each Disbursement this Period: 87100.00

Transaction ID : SB17.4501

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
FAMILY FARE

Mailing Address 430 N LAKE ST

City: BOYNE | State: MI | Zip Code: 49712

Purpose of Disbursement: CAMPAIGN TEAM TRAVEL
Category/Type: 002

Candidate Name: DENOTTER FOR CONGRESS

Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 01

Disbursement For: 2026
[X] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 07 / 03 / 2026

FEC Identification Number: C C00788588

Amount of Each Disbursement this Period: 216.56

Transaction ID : SB17.4486

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 174416.56

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 Page

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
DENOTTER FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
FIFTH THIRD BANK
Mailing Address 411 TOWN CENTER DR
City: HIGHLAND | State: MI | Zip Code: 48356
Purpose of Disbursement: BANK SERVICE CHARGE
Category/Type: 001
Candidate Name: DENOTTER FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 01
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 10 / 2026
FEC Identification Number: C C00788588
Amount of Each Disbursement this Period: 79.00
Transaction ID : SB17.4493
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
MICHAEL CARTER CONSULTING LLC
Mailing Address 3656 FRASER ST
City: ROCKFORD | State: MI | Zip Code: 49341
Purpose of Disbursement: MEDIA ADVERTISING
Category/Type: 004
Candidate Name: DENOTTER FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 01
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 03 / 2026
FEC Identification Number: C C00788588
Amount of Each Disbursement this Period: 5800.00
Transaction ID : SB17.4480
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Category/Type
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
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) ▶ 5879.00

TOTAL This Period (last page this line number only) ▶ 267397.96

Image# 202607279894479276

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
DENOTTER FOR CONGRESS

Transaction ID : SC/10.4147

LOAN SOURCE Full Name (Last, First, Middle Initial)
DENOTTER, MATTHEW, , ,

[ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1735 TURNBERRY TR

City	State	ZIP Code
BOYNE CITY	MI	49712

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
36000.00	0.00	36000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/03/2026	N/A	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 36000.00

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

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

Image# 202607279894479277

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
DENOTTER FOR CONGRESS

Transaction ID : SC/10.4177

LOAN SOURCE Full Name (Last, First, Middle Initial)
DENOTTER, MATTHEW, , ,

[ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1735 TURNBERRY TR

City	State	ZIP Code
BOYNE CITY	MI	49712

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
210700.00	0.00	210700.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
03/06/2026	none	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 210700.00

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

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

Image# 202607279894479278

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
DENOTTER FOR CONGRESS

Transaction ID : SC/10.4328

LOAN SOURCE Full Name (Last, First, Middle Initial)
DENOTTER, MATTHEW, , ,

[ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1735 TURNBERRY TR

City	State	ZIP Code
BOYNE CITY	MI	49712

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
178875.00	0.00	178875.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/01/2026	N/A	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 178875.00

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

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

Image# 202607279894479279

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
DENOTTER FOR CONGRESS

Transaction ID : SC/10.4329

LOAN SOURCE Full Name (Last, First, Middle Initial)
DENOTTER, MATTHEW, , ,

[ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1735 TURNBERRY TR

City	State	ZIP Code
BOYNE CITY	MI	49712

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400000.00	0.00	400000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
04/24/2026	N/A	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 400000.00

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

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

Image# 202607279894479280

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
DENOTTER FOR CONGRESS

Transaction ID : SC/10.4443

LOAN SOURCE Full Name (Last, First, Middle Initial)
DENOTTER, MATTHEW, , ,

[ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1735 TURNBERRY TR

City	State	ZIP Code
BOYNE CITY	MI	49712

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
400000.00	0.00	400000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/19/2026	NA	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 400000.00

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

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

Image# 202607279894479281

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
DENOTTER FOR CONGRESS

Transaction ID : SC/10.4330

LOAN SOURCE Full Name (Last, First, Middle Initial)
DENOTTER, MATTHEW, , ,

[ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1735 TURNBERRY TR

City	State	ZIP Code
BOYNE CITY	MI	49712

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300000.00	0.00	300000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/03/2026	N/A	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	300000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202607279894479282

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
DENOTTER FOR CONGRESS

Transaction ID : SC/10.4447

LOAN SOURCE Full Name (Last, First, Middle Initial)
DENOTTER, MATTHEW, , ,

[ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
1735 TURNBERRY TR

City	State	ZIP Code
BOYNE CITY	MI	49712

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
340000.00	0.00	340000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/29/2026	NA	0.00 % (apr)	[ ] Yes [X] No

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

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	340000.00
TOTALS This Period (last page in this line only) ▶	1865575.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one) [X] 9 [ ] 10

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

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

DENOTTER FOR CONGRESS

Mailing Address 1735 TURNBERRY TR

City: BOYNE CITY | State: MI | Zip Code: 49712

Nature of Debt (Purpose): TO BE REPAID

Transaction ID : SD9.4260

Outstanding Balance Beginning This Period: 70524.71

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 70524.71

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

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶	70524.71
2) **TOTALS** This Period (last page this line number only) ▶	70524.71
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	0.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	70524.71

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

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

ADVANCED RESPONSE SYSTEMS

Mailing Address 13175 GEORGE WEBER DR

City: ROGERS | State: MN | Zip Code: 55374

Nature of Debt (Purpose): BAL ON OCT 2022 QRTLY

Outstanding Balance Beginning This Period: 1274.34

Transaction ID : SD10.4232

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 1274.34

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

ARISTOTLE

Mailing Address 2500 PENNSYLVANIA AVE SE

City: WASHINGTON | State: DC | Zip Code: 20020

Nature of Debt (Purpose): BALANCE ON OCT QRTLY 7/14 - 9/30/22

Outstanding Balance Beginning This Period: 2100.00

Transaction ID : SD10.4206

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 2100.00

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

CITIBANK

Mailing Address 388 GREENWICH ST

City: NEW YORK | State: NY | Zip Code: 10013

Nature of Debt (Purpose): BALANCE ON OCT QRTLY 7/14 - 9/30/22

Outstanding Balance Beginning This Period: 25997.63

Transaction ID : SD10.4208

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 25997.63

1) **SUBTOTALS** This Period This Page (optional) ▶	29371.97
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

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

DIRECT MAIL FUNDRAISING LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300

City: ASHBURN | State: VA | Zip Code: 20147

Nature of Debt (Purpose): BALANCE ON OCT QRTLY 7/14 - 9/30/22

Transaction ID : SD10.4209

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
7966.74	0.00	0.00	7966.74

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

DonorBureau

Mailing Address 1550 W McEWAN DR
STE 300

City: FRANKLIN | State: TN | Zip Code: 37067

Nature of Debt (Purpose): BALANCE ON OCT QRTLY 7/14 - 9/30/22

Transaction ID : SD10.4212

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
381.65	0.00	0.00	381.65

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

FULFILLMENT SOLUTIONS INC

Mailing Address 44970 FALCON PLACE
STE 400

City: STERLING | State: VA | Zip Code: 20166

Nature of Debt (Purpose): BALANCE ON OCT QRTLY 7/14 - 9/30/22

Transaction ID : SD10.4211

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3011.18	0.00	0.00	3011.18

1) **SUBTOTALS** This Period This Page (optional) ▶	11359.57
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

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

HSP DIRECT LLC

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300

City: ASHBURN | State: VA | Zip Code: 20147

Nature of Debt (Purpose): BALANCE ON OCT QRTLY 7/14 - 9/30/22

Transaction ID : SD10.4213

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3300.00	0.00	0.00	3300.00

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

NOVA LIST

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300

City: ASHBURN | State: VA | Zip Code: 20147

Nature of Debt (Purpose): BALANCE ON OCT QRTLY 7/14 - 9/30/22

Transaction ID : SD10.4214

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
3567.42	0.00	0.00	3567.42

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

PROFESSIONAL DATA SERVICES

Mailing Address 824 S MILLEDGE AVE
STE 100

City: ATHENS | State: GA | Zip Code: 30605

Nature of Debt (Purpose): BALANCE ON OCT QRTLY 7/14 - 9/30/22

Transaction ID : SD10.4215

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
1039.93	0.00	0.00	1039.93

1) **SUBTOTALS** This Period This Page (optional) ▶	7907.35
2) **TOTALS** This Period (last page this line number only) ▶	
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

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

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

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

RIGHT WAY TO WIN

Mailing Address 1100 NEW JERSEY AVE SE #2184

City: WASHINGTON | State: DC | Zip Code: 20003

Nature of Debt (Purpose): BALANCE ON OCT QRTLY 7/14 - 9/30/22

Outstanding Balance Beginning This Period: 96779.05

Transaction ID : SD10.4216

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 96779.05

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

SUNRISE DATA SERVICES

Mailing Address 20130 LAKEVIEW CENTER PLAZA STE 300

City: ASHBURN | State: VA | Zip Code: 20147

Nature of Debt (Purpose): BALANCE ON OCT QRTLY 7/14 - 9/30/22

Outstanding Balance Beginning This Period: 810.00

Transaction ID : SD10.4217

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 810.00

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

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶	97589.05
2) **TOTALS** This Period (last page this line number only) ▶	146227.94
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	1865575.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	2011802.94