

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Courage to Change

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2026"/> | | <input type="text" value="304520.38"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="316019.68"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="26926.82"/> | <input type="text" value="46182.32"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="342946.50"/> | <input type="text" value="350702.70"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="31770.94"/> | <input type="text" value="39527.14"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="311175.56"/> | <input type="text" value="311175.56"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Courage to Change

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 1400.00 | 2040.00 |
| (ii) Unitemized | 10249.25 | 28337.76 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 11649.25 | 30377.76 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 11649.25 | 30377.76 |
| 12. Transfers From Affiliated/Other Party Committees..... | 15000.00 | 15000.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 277.57 | 804.56 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 26926.82 | 46182.32 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 26926.82 | 46182.32 |

DETAILED SUMMARY PAGE

of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 3683.94 | 11440.14 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 3683.94 | 11440.14 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 20000.00 | 20000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 87.00 | 87.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 87.00 | 87.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 8000.00 | 8000.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 31770.94 | 39527.14 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 31770.94 | 39527.14 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 11649.25 | 30377.76 |
| 34. Total Contribution Refunds (from Line 28(d)) | 87.00 | 87.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 11562.25 | 30290.76 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 3683.94 | 11440.14 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 3683.94 | 11440.14 |

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

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 18 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

NAME OF COMMITTEE (In Full)
Courage to Change

A. Burke, Patrick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1437 5th St
 City Manhattan Beach State CA Zip Code 90266-6337
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 306.26

Date of Receipt **03 / 15 / 2026**
Transaction ID : 44106406
 Amount of Each Receipt this Period 100.00
 Memo Item
 * Earmarked Contribution through ActBlue on 03/15/2026

B. Huber, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 681 Ehrhorn Ave Apt B
 City Mountain View State CA Zip Code 94041-2126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Frequence Occupation (for Individual) Software Developer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt **03 / 29 / 2026**
Transaction ID : 44335992
 Amount of Each Receipt this Period 200.00
 Memo Item
 * Earmarked Contribution through ActBlue on 03/29/2026

C. Itani, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11325 Bothwell Way
 City Houston State TX Zip Code 77024-5302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) International Exports Inc Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **03 / 23 / 2026**
Transaction ID : 44335917
 Amount of Each Receipt this Period 500.00
 Memo Item
 * Earmarked Contribution through ActBlue on 03/29/2026

| | |
|-----------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 800.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|-------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 18 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
Courage to Change

A. Larry, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1720 W Division St
 City Chicago State IL Zip Code 60622-3212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt **03 / 31 / 2026**
Transaction ID : 44336003
 Amount of Each Receipt this Period 100.00
 Memo Item
 * Earmarked Contribution through ActBlue on 03/31/2026

B. Okatch, Otieno, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4497 California Ave
 City Long Beach State CA Zip Code 90807-2417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PALS Inc. Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **03 / 04 / 2026**
Transaction ID : 44054963
 Amount of Each Receipt this Period 250.00
 Memo Item
 * Earmarked Contribution through ActBlue on 03/08/2026

C. Thomas, William, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3415 Harriet Ave
 City Minneapolis State MN Zip Code 55408-4234
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Artist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt **03 / 04 / 2026**
Transaction ID : 44055028
 Amount of Each Receipt this Period 250.00
 Memo Item
 * Earmarked Contribution through ActBlue on 03/08/2026

| | |
|-----------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 600.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | |
|-----------------------------------------|------------------------------|
| FOR LINE NUMBER: | PAGE 8 OF 18 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
Courage to Change

A. ActBlue

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 441146

| | | |
|-------------------------|-------------|------------------------|
| City West Somerville | State MA | Zip Code 02144-0031 |
|-------------------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C** C00401224

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
11649.25

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2026 |

Transaction ID : 44336005E

Amount of Each Receipt this Period
11649.25

Memo Item

Note: Total contribution(s) earmarked through this organization.

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

| | |
|-----------------------------------------------------------------|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 1400.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

| | | | |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|---------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 9 OF 18 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Courage to Change

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. The Squad Victory Fund

Mailing Address 611 Pennsylvania Ave SE
Num 143

City Washington State DC Zip Code 20003-4303

FEC ID number of contributing federal political committee. **C** C00750166

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
03 / 27 / 2026
Transaction ID : 44426687

Amount of Each Receipt this Period
15000.00

Memo Item

Joint Fundraising Transfer

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Burke, Patrick, , ,

Mailing Address 1437 5th St

City Manhattan Beach State CA Zip Code 90266-6337

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

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
306.26

Date of Receipt
MM / DD / YYYY
01 / 26 / 2026
Transaction ID : 44429584

Amount of Each Receipt this Period
3.13

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Burke, Patrick, , ,

Mailing Address 1437 5th St

City Manhattan Beach State CA Zip Code 90266-6337

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

Name of Employer (for Individual) Occupation (for Individual)
Not Employed Not Employed

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
306.26

Date of Receipt
MM / DD / YYYY
02 / 23 / 2026
Transaction ID : 44430187

Amount of Each Receipt this Period
3.13

Memo Item

| | |
|-----------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 15000.00 |
| TOTAL This Period (last page this line number only)..... | |

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

| | | | |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|---------------------------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 18 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Courage to Change

A. Nelson, Jeremiah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6926 Espey Ln
 City Mclean State VA Zip Code 22101-5454
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **01 / 13 / 2026**
Transaction ID : 44426691
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Whitehead, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 228 Park Ave S Pmb 49
 City New York State NY Zip Code 10003-1502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **02 / 28 / 2026**
Transaction ID : 44426692
 Amount of Each Receipt this Period 250.00
 Memo Item

C. The Squad Victory Fund - Unitemized
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 611 Pennsylvania Ave SE Num 143
 City Washington State DC Zip Code 20003-4303
 FEC ID number of contributing federal political committee. **C** C00750166
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 40096.63

Date of Receipt **03 / 27 / 2026**
Transaction ID : 44426687J
 Amount of Each Receipt this Period 40096.63
 Memo Item
 * Joint Fundraising Transfer

| | |
|-----------------------------------------------------------------|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 0.00 |
| TOTAL This Period (last page this line number only)..... | 15000.00 |

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

| | | | |
|-------------------------------------------------------------------------|------------------------------|-----------------------------------|----------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 11 OF 18 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input checked="" type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
Courage to Change

A. Amalgamated Bank

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 275 7th Ave

| | | |
|------------------|-------------|------------------------|
| City New York | State NY | Zip Code 10001-6708 |
|------------------|-------------|------------------------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
804.56

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 03 | | 31 | | 2026 |

Transaction ID : 44426689

Amount of Each Receipt this Period

| |
|--------|
| 277.57 |
|--------|

Memo Item

Interest

B.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

| |
|--|
| |
|--|

Memo Item

C.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

| |
|--|
| |
|--|

Memo Item

| | |
|-----------------------------------------------------------------|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 277.57 |
| TOTAL This Period (last page this line number only)..... | 277.57 |

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Courage to Change

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. ActBlue Technical Services | | Date of Disbursement MM / DD / YYYY 03 / 01 / 2026 | |
| Mailing Address PO Box 962017 | | FEC Identification Number C [] Transaction ID : 500639752 | |
| City Boston | State MA | Zip Code 02196-2017 | Amount of Each Disbursement this Period [] 5.96 |
| Purpose of Disbursement Credit Card Processing Fee | | Category/ Type [] | Memo Item <input type="checkbox"/> |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. ActBlue Technical Services | | Date of Disbursement MM / DD / YYYY 03 / 08 / 2026 | |
| Mailing Address PO Box 962017 | | FEC Identification Number C [] Transaction ID : 500642141 | |
| City Boston | State MA | Zip Code 02196-2017 | Amount of Each Disbursement this Period [] 180.66 |
| Purpose of Disbursement Credit Card Processing Fee | | Category/ Type [] | Memo Item <input type="checkbox"/> |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. ActBlue Technical Services | | Date of Disbursement MM / DD / YYYY 03 / 15 / 2026 | |
| Mailing Address PO Box 962017 | | FEC Identification Number C [] Transaction ID : 500645254 | |
| City Boston | State MA | Zip Code 02196-2017 | Amount of Each Disbursement this Period [] 72.10 |
| Purpose of Disbursement Credit Card Processing Fee | | Category/ Type [] | Memo Item <input type="checkbox"/> |
| Candidate Name | | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |
| State: District: | | | |

| | |
|------------------------------------------------------------------|------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [] 258.72 |
| TOTAL This Period (last page this line number only).....▶ | [] |

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Courage to Change

A. ActBlue Technical Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 22 / 2026

FEC Identification Number: C
Transaction ID : 500645255
Amount of Each Disbursement this Period: 127.07

Memo Item

B. ActBlue Technical Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 29 / 2026

FEC Identification Number: C
Transaction ID : 500646855
Amount of Each Disbursement this Period: 59.59

Memo Item

C. ActBlue Technical Services

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 31 / 2026

FEC Identification Number: C
Transaction ID : 500646856
Amount of Each Disbursement this Period: 14.06

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 200.72

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Courage to Change

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

City New York State NY Zip Code 10001-6708

Purpose of Disbursement

Bank Fee

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 27 / 2026

FEC Identification Number

C

Transaction ID : 500647547

Amount of Each Disbursement this Period

81.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Capitol Compliance Associates

Mailing Address 600 Pennsylvania Ave SE
Unit 15180

City Washington State DC Zip Code 20003-7508

Purpose of Disbursement

Compliance Services

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2026

FEC Identification Number

C

Transaction ID : 500647536

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Capitol Compliance Associates

Mailing Address 600 Pennsylvania Ave SE
Unit 15180

City Washington State DC Zip Code 20003-7508

Purpose of Disbursement

Compliance Services

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
03 / 24 / 2026

FEC Identification Number

C

Transaction ID : 500647537

Amount of Each Disbursement this Period

1500.00

Memo Item

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

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

3081.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Courage to Change

A. Intuit

Full Name (Last, First, Middle Initial)

Mailing Address 2700 Coast Ave

City Mountain View State CA Zip Code 94043-1140

Purpose of Disbursement Software

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2026

FEC Identification Number: C

Transaction ID : 500647543

Amount of Each Disbursement this Period: 125.21

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

| | |
|------------------------------------------------------------------|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 125.21 |
| TOTAL This Period (last page this line number only).....▶ | 3665.65 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Courage to Change

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) A. Analilia Mejia for New Jersey | | Date of Disbursement MM / DD / YYYY 03 / 24 / 2026 |
| Mailing Address PO Box 41 | | FEC Identification Number C C00927681 Transaction ID : 500646478 Amount of Each Disbursement this Period 5000.00 |
| City Bloomfield | State NJ | |
| Zip Code 07003-0041 | Purpose of Disbursement Contribution | Category/ Type |
| Candidate Name MEJIA, ANALILIA, , , | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special General | State: NJ District: 11 | <input type="checkbox"/> Memo Item |

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) B. Analilia Mejia for New Jersey | | Date of Disbursement MM / DD / YYYY 03 / 24 / 2026 |
| Mailing Address PO Box 41 | | FEC Identification Number C C00927681 Transaction ID : 500646479 Amount of Each Disbursement this Period 5000.00 |
| City Bloomfield | State NJ | |
| Zip Code 07003-0041 | Purpose of Disbursement Contribution | Category/ Type |
| Candidate Name MEJIA, ANALILIA, , , | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) | State: NJ District: 11 | <input type="checkbox"/> Memo Item |

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name (Last, First, Middle Initial) C. Maxwell Alejandro Frost for Congress | | Date of Disbursement MM / DD / YYYY 03 / 12 / 2026 |
| Mailing Address PO Box 772671 | | FEC Identification Number C C00786822 Transaction ID : 500646475 Amount of Each Disbursement this Period 5000.00 |
| City Orlando | State FL | |
| Zip Code 32877-2671 | Purpose of Disbursement Contribution | Category/ Type |
| Candidate Name FROST, MAXWELL, ALEJANDRO, , | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | |
| Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | State: FL District: 10 | <input type="checkbox"/> Memo Item |

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

15000.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Courage to Change

Full Name (Last, First, Middle Initial)

A. Maxwell Alejandro Frost for Congress

Mailing Address PO Box 772671

City Orlando State FL Zip Code 32877-2671

Purpose of Disbursement

Contribution

Candidate Name

FROST, MAXWELL, ALEJANDRO, ,

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: FL District: 10

Date of Disbursement

MM / DD / YYYY
03 / 12 / 2026

FEC Identification Number

C C00786822

Transaction ID : 500647526

Amount of Each Disbursement this Period

5000.00

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:

Date of Disbursement

MM / DD / YYYY

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:

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

5000.00

20000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Courage to Change

Full Name (Last, First, Middle Initial)

A. Brian for NY

Mailing Address 1210 Astoria Park S
Apt 1A

City Astoria State NY Zip Code 11102-3702

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 2 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C []

Transaction ID : 500646477

Amount of Each Disbursement this Period

[] 3000.00 []

Memo Item

Full Name (Last, First, Middle Initial)

B. Gonzalez for New York 2026

Mailing Address 2516 27th St
Apt 3B

City Astoria State NY Zip Code 11102-2358

Purpose of Disbursement
Non-Federal Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 0 | 5 | | 2 | 0 | 2 | 6 |

FEC Identification Number

C []

Transaction ID : 500640384

Amount of Each Disbursement this Period

[] 5000.00 []

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:

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)..... ▶

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

[] 8000.00 []

[] 8000.00 []