

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

LANGWORTHY FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2026 To: M M / D D / Y Y Y Y 06 / 03 / 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))....	113550.25	1660949.14
(b) Total Contribution Refunds (from Line 20(d))	4101.00	26195.90
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	109449.25	1634753.24
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	126138.78	853030.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	482.40	6905.97
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	125656.38	846124.37
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2134780.90	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

LANGWORTHY FOR CONGRESS

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

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).....	67232.15	797598.96
(ii) Unitemized.....	1818.10	62183.17
(iii) TOTAL of contributions from individuals ▶	69050.25	859782.13
(b) Political Party Committees.....	0.00	4862.00
(c) Other Political Committees (such as PACs).....	44500.00	796305.01
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	113550.25	1660949.14
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	304685.43
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.)	482.40	6905.97
15. OTHER RECEIPTS (Dividends, Interest, etc.)	3857.66	54940.15
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	117890.31	2027480.69

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.....	126138.78	853030.34
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	4101.00	24396.90
(b) Political Party Committees.....	0.00	49.00
(c) Other Political Committees (such as PACs).....	0.00	1750.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4101.00	26195.90
21. OTHER DISBURSEMENTS	800.00	146550.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	131039.78	1025776.24

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2147930.37
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	117890.31
25. SUBTOTAL (add Line 23 and Line 24).....	2265820.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	131039.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2134780.90

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 87
(check only one)
 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)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ANDERSON, JOSEPH, M., , JR.

Mailing Address 2293 SAUNDERS SETTLEMENT RD

City SANBORN State NY Zip Code 14132-9162

FEC ID number of contributing federal political committee.

Name of Employer TUSCARORA TOBACCO INC Occupation RETAIL

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2026

Transaction ID : AC74AF8A71EDC479397F

Amount of Each Receipt this Period

Memo Item
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
ANDERSON, JOSEPH, M., , JR.

Mailing Address 2293 SAUNDERS SETTLEMENT RD

City SANBORN State NY Zip Code 14132-9162

FEC ID number of contributing federal political committee.

Name of Employer TUSCARORA TOBACCO INC Occupation RETAIL

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2026

Transaction ID : AC7D98CAF73994F6EBB9

Amount of Each Receipt this Period

Memo Item
REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
ANDERSON, JOSEPH, M., , JR.

Mailing Address 2293 SAUNDERS SETTLEMENT RD

City SANBORN State NY Zip Code 14132-9162

FEC ID number of contributing federal political committee.

Name of Employer TUSCARORA TOBACCO INC Occupation RETAIL

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2026

Transaction ID : A956BD77D7B4E4A2CBDC

Amount of Each Receipt this Period

Memo Item
REDESIGNATION TO

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)		PAGE 6 OF 87	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARTHUR, BRADLEY, J., ,

Mailing Address 20 HUNT CLUB CIR
APT A

City EAST AMHERST State NY Zip Code 14051-1789

FEC ID number of contributing federal political committee. C

Name of Employer BLACK ROCK PHARMACY Occupation PHARMACIST

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 28 / 2026

Transaction ID : A34D3142F505A4E148AA

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 28 / 2026

Transaction ID : AD99FA75B9F86469B8B0

Amount of Each Receipt this Period
100.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
BARNES, PHILIP, , ,

Mailing Address 203 LAKEVIEW AVE

City WATKINS GLEN State NY Zip Code 14891-1114

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2026

Transaction ID : A2324A18B930E4A23A55

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 87	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2026

Transaction ID : **AA78B785632144EC3B91**

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
BENZ, DOUGLAS, , ,

Mailing Address 20 E TUPPER ST

City BUFFALO State NY Zip Code 14203-1302

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

Name of Employer Occupation
NEW BUFFALO INSURANCE AGENCY BROKER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3150.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : **A318934918E4B4D7B90A**

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
BIXBY, BRIAN, , ,

Mailing Address 2274 CREGO ST

City BALDWINSVILLE State NY Zip Code 13027-1004

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

Name of Employer Occupation
BIG I NY INSURANCE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2026

Transaction ID : **A9BEE72C87BA448729AB**

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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: PAGE 8 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2026

Transaction ID : ADBF03EBF3CDA459B821

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
BLEISTEIN, ROBERT, , ,

Mailing Address 400 JERICHO TPKE
STE 104

City JERICHO State NY Zip Code 11753-1320

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
EASTERN CLASSIC COVERAGE INSURANCE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1104.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2026

Transaction ID : A99132A7F521F449EA0E

Amount of Each Receipt this Period
104.10

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2026

Transaction ID : AA5268F94B1AE429682A

Amount of Each Receipt this Period
104.10

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶ 104.10

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	FOR LINE NUMBER: (check only one)		PAGE 9 OF 87	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BORG, DAVID, , ,

Mailing Address 148 E MAIN ST

City HUNTINGTON	State NY	Zip Code 11743-7902
--------------------	-------------	------------------------

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

Name of Employer BORG INSURANCE AGENCY	Occupation INSURANCE AGENT
---	-------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2026

Transaction ID : A974D3F836D9146D2B24

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BORG, DAVID, , ,

Mailing Address 148 E MAIN ST

City HUNTINGTON	State NY	Zip Code 11743-7902
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FEC ID number of contributing federal political committee. **C**

Name of Employer BORG INSURANCE AGENCY	Occupation INSURANCE AGENT
---	-------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2255.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2026

Transaction ID : AA3C26C96C5A843DB84A

Amount of Each Receipt this Period
5.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE	State WY	Zip Code 82001-4569
------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2026

Transaction ID : AA461C0C7967D4365B32

Amount of Each Receipt this Period
5.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶	1005.00
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: PAGE 10 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BORG, DAVID, , ,

Mailing Address 148 E MAIN ST

City HUNTINGTON State NY Zip Code 11743-7902

FEC ID number of contributing federal political committee. C

Name of Employer BORG INSURANCE AGENCY Occupation INSURANCE AGENT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2255.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2026

Transaction ID : A2F81EF642D81435B9DE

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2026

Transaction ID : AEBD00096AED14D5ABB3

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
BOWEN, ROBERT, , ,

Mailing Address 109 IROQUOIS TRL

City MILFORD State PA Zip Code 18337-9025

FEC ID number of contributing federal political committee. C

Name of Employer STABLE ROCK Occupation INSURANCE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2026

Transaction ID : A05DAA3B19A474F1897D

Amount of Each Receipt this Period
260.25

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 510.25

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

FOR LINE NUMBER: PAGE 11 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2026

Transaction ID : A58E353B1246E45E6932

Amount of Each Receipt this Period

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
BRUNELL, RONALD, , ,

Mailing Address 53 CENTRE ST

City WOODMERE State NY Zip Code 11598-1304

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ACRISURE LLC INSURANCE AGENT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2026

Transaction ID : A1FCFDACF69AC4E4CA12

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
CALDWELL, DAMIEN, , ,

Mailing Address 14 MEADOWBROOK DR

City HUNTINGTON STATION State NY Zip Code 11746-2950

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ASG NATIONAL CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : A7C024C62FBBB4D15A66

Amount of Each Receipt this Period

Memo Item

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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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CALDWELL, DAMIEN, , ,

Mailing Address 14 MEADOWBROOK DR

City HUNTINGTON STATION State NY Zip Code 11746-2950

FEC ID number of contributing federal political committee. C

Name of Employer ASG NATIONAL Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : A511539AF8C534B55AA5

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
CLANCY, MAURA, , ,

Mailing Address 126 COLONIAL AVE

City WILLISTON PARK State NY Zip Code 11596-1527

FEC ID number of contributing federal political committee. C

Name of Employer CLANCYCLANCY Occupation INSURANCE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2026

Transaction ID : AB5292A5606A043B8A19

Amount of Each Receipt this Period
1500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CLANCY, MAURA, , ,

Mailing Address 126 COLONIAL AVE

City WILLISTON PARK State NY Zip Code 11596-1527

FEC ID number of contributing federal political committee. C

Name of Employer CLANCYCLANCY Occupation INSURANCE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1760.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2026

Transaction ID : A778FAB8DC71C41C2B98

Amount of Each Receipt this Period
260.25

Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional) ▶ 2760.25

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 13 OF 87	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

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

Mailing Address **1603 CAPITOL AVE**
STE 413B562

City **CHEYENNE** State **WY** Zip Code **82001-4569**

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2026

Transaction ID : A10F13FECE2E84E4DB98

Amount of Each Receipt this Period
260.25

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
CONSTANTINO, ANTHONY, , ,

Mailing Address **336 FOREST AVE**

City **AMSTERDAM** State **NY** Zip Code **12010-2723**

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

Name of Employer Occupation
STICKER MULE CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 29 / 2026

Transaction ID : A440E56B3CA134A79925

Amount of Each Receipt this Period
5000.00

Memo Item
SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
CONSTANTINO, ANTHONY, , ,

Mailing Address **336 FOREST AVE**

City **AMSTERDAM** State **NY** Zip Code **12010-2723**

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

Name of Employer Occupation
STICKER MULE CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 29 / 2026

Transaction ID : AD680768907D7450F8FF

Amount of Each Receipt this Period
- 1500.00

Memo Item
REDESIGNATION FROM

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

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

5000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CONSTANTINO, ANTHONY, , ,

Mailing Address 336 FOREST AVE

City AMSTERDAM	State NY	Zip Code 12010-2723
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer STICKER MULE	Occupation CEO
----------------------------------	-------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : AD370E8AB316A4885BEC

Amount of Each Receipt this Period

Memo Item
 REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
COSTELLO, JOHN, , ,

Mailing Address 1231 RED FOX RUN

City VICTOR	State NY	Zip Code 14564-8927
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer USI INSURANCE SERVICES	Occupation INSURANCE
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A831B23502CBE483898B

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
COTGREAVE, JAMES, , ,

Mailing Address 60 CROFT LN

City SMITHTOWN	State NY	Zip Code 11787-4112
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer COTGREAVE INSURANCE	Occupation RISK MANAGEMENT
---	-------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A604E39C98AEB4EDF9E9

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 15 OF 87
(check only one)
 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)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COTGREAVE, JAMES, , ,
Mailing Address 60 CROFT LN
City SMITHTOWN State NY Zip Code 11787-4112
FEC ID number of contributing federal political committee. C
Name of Employer COTGREAVE INSURANCE Occupation RISK MANAGEMENT
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2026
Transaction ID : A19667C233A604C24BE1
Amount of Each Receipt this Period
4500.00
 Memo Item
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
COTGREAVE, JAMES, , ,
Mailing Address 60 CROFT LN
City SMITHTOWN State NY Zip Code 11787-4112
FEC ID number of contributing federal political committee. C
Name of Employer COTGREAVE INSURANCE Occupation RISK MANAGEMENT
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2026
Transaction ID : ADA3EDCD08FD44BB2890
Amount of Each Receipt this Period
- 3500.00
 Memo Item
REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
COTGREAVE, JAMES, , ,
Mailing Address 60 CROFT LN
City SMITHTOWN State NY Zip Code 11787-4112
FEC ID number of contributing federal political committee. C
Name of Employer COTGREAVE INSURANCE Occupation RISK MANAGEMENT
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2026
Transaction ID : AC29CA3850B7441A2A8B
Amount of Each Receipt this Period
3500.00
 Memo Item
REDESIGNATION TO

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00
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: PAGE 16 OF 87
(check only one)
 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)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DAVIS, TOM, , ,
Mailing Address 2213 ARYNESS DR
City VIENNA State VA Zip Code 22181-3047
FEC ID number of contributing federal political committee. C
Name of Employer HOLLAND & KNIGHT Occupation ATTORNEY
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2026
Transaction ID : A21C584B6175249188F0
Amount of Each Receipt this Period
500.00
 Memo Item

B. Full Name (Last, First, Middle Initial)
DONOHUE, THOMAS, , ,
Mailing Address 17 RUBY LN
City PLAINVIEW State NY Zip Code 11803-3811
FEC ID number of contributing federal political committee. C
Name of Employer WORLD INSURANCE ASSOC Occupation INSURANCE
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 17 / 2026
Transaction ID : A069BCCE743044CFD954
Amount of Each Receipt this Period
500.00
 Memo Item

C. Full Name (Last, First, Middle Initial)
FISCHER, ROBERT, , ,
Mailing Address 51 MEADOW COVE RD
City PITTSFORD State NY Zip Code 14534-3350
FEC ID number of contributing federal political committee. C
Name of Employer FISCHER INVESTMENT GROUP, INC. Occupation INVESTMENT ADVISOR
Receipt For: 2026
 Primary General
 Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2026
Transaction ID : AAE8275C030894F25955
Amount of Each Receipt this Period
3500.00
 Memo Item
SEE REDESIGNATION

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00
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: PAGE 17 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FISCHER, ROBERT, , ,

Mailing Address 51 MEADOW COVE RD

City PITTSFORD State NY Zip Code 14534-3350

FEC ID number of contributing federal political committee. C

Name of Employer FISCHER INVESTMENT GROUP, INC. Occupation INVESTMENT ADVISOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2026

Transaction ID : AE0CF198AB0CE41DB8E9

Amount of Each Receipt this Period
- 3500.00

Memo Item
REDESIGNATION FROM

B. Full Name (Last, First, Middle Initial)
FISCHER, ROBERT, , ,

Mailing Address 51 MEADOW COVE RD

City PITTSFORD State NY Zip Code 14534-3350

FEC ID number of contributing federal political committee. C

Name of Employer FISCHER INVESTMENT GROUP, INC. Occupation INVESTMENT ADVISOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2026

Transaction ID : AA526DDCD23A349798E1

Amount of Each Receipt this Period
3500.00

Memo Item
REDESIGNATION TO

C. Full Name (Last, First, Middle Initial)
GALANIS, TERRY, S., ,

Mailing Address 11370 SUEMARTOM CT

City MARILLA State NY Zip Code 14102-9707

FEC ID number of contributing federal political committee. C

Name of Employer SEALING DEVICES Occupation OWNER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 28 / 2026

Transaction ID : AC7EA532D512F4A30AD2

Amount of Each Receipt this Period
100.00

Memo Item
REFUNDED \$100 ON 6/2/2026

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

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

100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 28 / 2026

Transaction ID : A53547665B33845D5BF0

Amount of Each Receipt this Period

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
GAULIN, JEAN, G., ,

Mailing Address 119 NORTH DR

City BUFFALO State NY Zip Code 14216-2032

FEC ID number of contributing federal political committee.

Name of Employer Occupation
SELF-EMPLOYED CPA CONSULTANT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : A99E8344AE6A945CF973

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
GERNATT, DANIEL, , ,

Mailing Address 6707 WINDWARD PALMS CT

City LAKE WALES State FL Zip Code 33898-9600

FEC ID number of contributing federal political committee.

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2026

Transaction ID : A3AD40154B7D641A48D8

Amount of Each Receipt this Period

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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)		PAGE 19 OF 87	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 18 / 2026

Transaction ID : **A016785E4061E45A7B9F**

Amount of Each Receipt this Period
1000.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
GIBLIN, CHRISTOPHER, , ,

Mailing Address 1304 CHANCEL PL

City ALEXANDRIA State VA Zip Code 22314-4707

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

Name of Employer Occupation
OGR GOVERNMENT RELATIONS

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 29 / 2026

Transaction ID : **A1FE0F462DB7B4CF1A23**

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GIROUX, STEPHEN, L., ,

Mailing Address 9034 RIDGE RD

City GASPORT State NY Zip Code 14067-9408

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

Name of Employer Occupation
MIDDLEPORT FAMILY HEALTH CENTER PHARMACIST

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3799.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2026

Transaction ID : **AC78FD77F258940058D9**

Amount of Each Receipt this Period
-299.00

Memo Item
REDESIGNATION FROM

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

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

500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 20 OF 87	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GIROUX, STEPHEN, L., ,

Mailing Address 9034 RIDGE RD

City GASPORT	State NY	Zip Code 14067-9408
-----------------	-------------	------------------------

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

Name of Employer MIDDLEPORT FAMILY HEALTH CENTER	Occupation PHARMACIST
---	--------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3799.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2026

Transaction ID : ACA9DF423536F449AB59

Amount of Each Receipt this Period
299.00

Memo Item
REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
GIROUX, STEPHEN, L., ,

Mailing Address 9034 RIDGE RD

City GASPORT	State NY	Zip Code 14067-9408
-----------------	-------------	------------------------

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

Name of Employer MIDDLEPORT FAMILY HEALTH CENTER	Occupation PHARMACIST
---	--------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3799.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2026

Transaction ID : A248FA744FABF4E53824

Amount of Each Receipt this Period
2500.00

Memo Item
SEE REDESIGNATION

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE	State WY	Zip Code 82001-4569
------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2026

Transaction ID : A46E5B5935387491198C

Amount of Each Receipt this Period
2500.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

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

2500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 21 OF 87
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GONYO, KELLY, , ,

Mailing Address 55 BARN RD
STE 204

City LAKE PLACID State NY Zip Code 12946-1051

FEC ID number of contributing federal political committee. C

Name of Employer BLUE LINE INSURANCE AGENCY, INC Occupation INSURANCE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 23 / 2026

Transaction ID : A629B2B8639D642E58E7

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KIMBELL, JEFFREY, , ,

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-EMPLOYED Occupation HEALTH CARE CONSULTANT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2026

Transaction ID : A7208A119F77E40D2B81

Amount of Each Receipt this Period
2000.00

Memo Item
SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
KIMBELL, JEFFREY, , ,

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-EMPLOYED Occupation HEALTH CARE CONSULTANT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 09 / 2026

Transaction ID : A6806F9F042E14DE68D8

Amount of Each Receipt this Period
- 500.00

Memo Item
REDESIGNATION FROM

SUBTOTAL of Receipts This Page (optional)..... ▶	4000.00
TOTAL This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 87	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KIMBELL, JEFFREY, , ,

Mailing Address 950 AERIE DRIVE

City PARK CITY	State UT	Zip Code 84060-8846
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation HEALTH CARE CONSULTANT
-----------------------------------	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A5C3DE2F9E927494AAD6

Amount of Each Receipt this Period

Memo Item
 REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
KIMBELL, JEFFREY, , ,

Mailing Address 950 AERIE DRIVE

City PARK CITY	State UT	Zip Code 84060-8846
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation HEALTH CARE CONSULTANT
-----------------------------------	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A72F0F94A3EA34AD6BCB

Amount of Each Receipt this Period

Memo Item
 REFUNDED \$2000 ON 5/26/2026

C. Full Name (Last, First, Middle Initial)
LARSON, CLAUDIA, , ,

Mailing Address 3806 RAYMOND ST

City CHEVY CHASE	State MD	Zip Code 20815-4148
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer EDIBLE OIL PRODUCERS ASSOCIATION	Occupation PRESIDENT & CEO
--	-------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A9AAB575C32254565BA7

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="2500.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LEWIS, RICHARD, , ,

Mailing Address 792 PARTRIDGE DR

City BRIDGEWATER State NJ Zip Code 08807-1802

FEC ID number of contributing federal political committee.

Name of Employer INSMED Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2026

Transaction ID : A3F805CFA075D441EA30

Amount of Each Receipt this Period

Memo Item
SEE REDESIGNATION

B. Full Name (Last, First, Middle Initial)
LEWIS, RICHARD, , ,

Mailing Address 792 PARTRIDGE DR

City BRIDGEWATER State NJ Zip Code 08807-1802

FEC ID number of contributing federal political committee.

Name of Employer INSMED Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2026

Transaction ID : A86AE4974F5874B299AC

Amount of Each Receipt this Period

Memo Item
REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
LEWIS, RICHARD, , ,

Mailing Address 792 PARTRIDGE DR

City BRIDGEWATER State NJ Zip Code 08807-1802

FEC ID number of contributing federal political committee.

Name of Employer INSMED Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 14 / 2026

Transaction ID : AB0DA9F97B3AF4463893

Amount of Each Receipt this Period

Memo Item
REDESIGNATION TO

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)	PAGE 24 OF 87
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LOUNSBURY, LISA, K., ,

Mailing Address 3639 COBB HILL RD

City CAZENOVIA	State NY	Zip Code 13035-9695
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer BIG I NEW YORK - IAAC	Occupation ASSOCIATION EXECUTIVE
---	-------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : AAA92836128B84396928

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
MACCAGNANO, MICHELLE, D., ,

Mailing Address 248 CLARK ST

City TOWN OF TONAWANDA	State NY	Zip Code 14223-1304
---------------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer PRIMIS BANK	Occupation ATTORNEY
---------------------------------	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : AF8B28446C2FB4AC2A18

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
MACKOWIAK, DAVID, P., ,

Mailing Address 5074 SHOREWOOD DR W

City DUNKIRK	State NY	Zip Code 14048-9621
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A76B4446AAC8F4771AD1

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="1350.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MYCHAJLIW, STEFAN, , ,

Mailing Address 950 RICE RD

City ELMA State NY Zip Code 14059-9583

FEC ID number of contributing federal political committee. C

Name of Employer TRIDENT STRATEGIES Occupation OWNER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
799.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 25 / 2026

Transaction ID : A77329C906DEE4E65BB1

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 25 / 2026

Transaction ID : A7DB664FD76B549D2885

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
NDU, ADORA, , ,

Mailing Address 13633 GILBRIDE LN

City CLARKSVILLE State MD Zip Code 21029-1019

FEC ID number of contributing federal political committee. C

Name of Employer BRIDGEBIO Occupation CHIEF REGULATORY OFFICER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1041.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2026

Transaction ID : AD2D53C6DC3F7437A9C6

Amount of Each Receipt this Period
1041.02

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ► 1541.02

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: PAGE 26 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2026

Transaction ID : AEC110B6EF2FE4CCA905

Amount of Each Receipt this Period
1041.02

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
NEVINS, KRISTAN, , ,

Mailing Address 1287 BALLANTRAE FARM DR

City MC LEAN State VA Zip Code 22101-3027

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
BLACKSTONE SENIOR MANAGING DIRECTOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 16 / 2026

Transaction ID : A7737DFE1068D4752A2A

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
OSUYAH, EMMANUEL, , ,

Mailing Address 45 HAMILTON WAY

City YOUNGSVILLE State NC Zip Code 27596-7979

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
EMMANUEL OSUYAH INSURANCE AGENT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
520.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2026

Transaction ID : AE2138FFA0E5340B9A67

Amount of Each Receipt this Period
520.51

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 1020.51

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: PAGE 27 OF 87
(check only one)
 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)
LANGWORTHY FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2026

Transaction ID : **A9D4E45C1891941EDAFE**

Amount of Each Receipt this Period
520.51

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
RAAB, MICHAEL, , ,

Mailing Address 1555 SANTA CRUZ AVE

City MENLO PARK State CA Zip Code 94025-5713

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

Name of Employer Occupation
ARDELYX, INC PRESIDENT AND CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2026

Transaction ID : **A5DA96A522C134694ABD**

Amount of Each Receipt this Period
5000.00

Memo Item
SEE REDESIGNATION

C. Full Name (Last, First, Middle Initial)
RAAB, MICHAEL, , ,

Mailing Address 1555 SANTA CRUZ AVE

City MENLO PARK State CA Zip Code 94025-5713

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

Name of Employer Occupation
ARDELYX, INC PRESIDENT AND CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 15 / 2026

Transaction ID : **AC67608F101CF423DBE4**

Amount of Each Receipt this Period
- 1500.00

Memo Item
REDESIGNATION FROM

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 28 OF 87	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
RAAB, MICHAEL, , ,

Mailing Address 1555 SANTA CRUZ AVE

City MENLO PARK	State CA	Zip Code 94025-5713
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer ARDELYX, INC	Occupation PRESIDENT AND CEO
----------------------------------	---------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A64F311EE53744841ADD

Amount of Each Receipt this Period

Memo Item
REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
SURACE, ROCCO, , ,

Mailing Address 6384 OCONNOR DR

City LOCKPORT	State NY	Zip Code 14094-6529
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A12038F80D5214D289B4

Amount of Each Receipt this Period

Memo Item
REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
SURACE, DEBBIE, , ,

Mailing Address 6384 OCONNOR DR

City LOCKPORT	State NY	Zip Code 14094-6529
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : AF5AA3088C50242B0AC7

Amount of Each Receipt this Period

Memo Item
REATTRIBUTION TO

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 29 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SURACE, ROCCO, , ,

Mailing Address 6384 OCONNOR DR

City LOCKPORT State NY Zip Code 14094-6529

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2026

Transaction ID : A2CA4FBABDC7343129F8

Amount of Each Receipt this Period
3500.00

Memo Item
SEE REATTRIBUTION

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2026

Transaction ID : A30D186C4A95440B5B74

Amount of Each Receipt this Period
3500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
SURACE, ROCCO, , ,

Mailing Address 6384 OCONNOR DR

City LOCKPORT State NY Zip Code 14094-6529

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2026

Transaction ID : A9C3FFE01DDC54A46BD5

Amount of Each Receipt this Period
50.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 3550.00

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: PAGE 30 OF 87
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 01 / 2026

Transaction ID : ACE66BFD63CA7406CABE

Amount of Each Receipt this Period
50.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
SURACE, ROCCO, , ,

Mailing Address 6384 OCONNOR DR

City LOCKPORT State NY Zip Code 14094-6529

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2026

Transaction ID : ACDEA8EC579D04ECD876

Amount of Each Receipt this Period
- 100.00

Memo Item
REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
SURACE, DEBBIE, , ,

Mailing Address 6384 OCONNOR DR

City LOCKPORT State NY Zip Code 14094-6529

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2026

Transaction ID : AFCD129D7ABA248D48E8

Amount of Each Receipt this Period
100.00

Memo Item
REATTRIBUTION TO

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 Page

FOR LINE NUMBER: PAGE 31 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SURAGE, ROCCO, , ,

Mailing Address 6384 OCONNOR DR

City LOCKPORT State NY Zip Code 14094-6529

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2026

Transaction ID : AAD3EDA60D3194083B33

Amount of Each Receipt this Period
100.00

Memo Item
SEE REATTRIBUTION

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 31 / 2026

Transaction ID : A5688945463814A52BB2

Amount of Each Receipt this Period
100.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
TONIO BURGOS & ASSOCIATES OF NJ LLC

Mailing Address 115 BROADWAY
RM 1504

City NEW YORK State NY Zip Code 10006-1619

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : A9531FB1CAA454B588BF

Amount of Each Receipt this Period
1000.00

Memo Item
SEE PARTNERSHIP ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1100.00

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: PAGE 32 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BURGOS, TONIO, , ,

Mailing Address 115 BROADWAY
STE 115

City NEW YORK State NY Zip Code 10006-1604

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

Name of Employer TBA OF NJ LLC Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : **ADC693C5E380F4E62986**

Amount of Each Receipt this Period
1000.00

Memo Item

PARTNERSHIP: TONIO BURGOS & ASSOCIATES OF NJ LLC

B. Full Name (Last, First, Middle Initial)
VACIRCA, JEFF, , ,

Mailing Address 1500 ROUTE 112

City PORT JEFFERSON STA State NY Zip Code 11776-8054

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

Name of Employer NYCBS Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4541.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 06 / 2026

Transaction ID : **A920A8E77C9F44FDCA60**

Amount of Each Receipt this Period
- 1041.02

Memo Item

REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
VACIRCA, JEFF, , ,

Mailing Address 1500 ROUTE 112

City PORT JEFFERSON STA State NY Zip Code 11776-8054

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

Name of Employer NYCBS Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4541.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 06 / 2026

Transaction ID : **AB486A5B036884C24B7E**

Amount of Each Receipt this Period
1041.02

Memo Item

REDESIGNATION TO

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 Page

FOR LINE NUMBER: PAGE 33 OF 87
(check only one)
 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)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VACIRCA, JEFF, , ,

Mailing Address 1500 ROUTE 112

City PORT JEFFERSON STA State NY Zip Code 11776-8054

FEC ID number of contributing federal political committee. C

Name of Employer NYCBS Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4541.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 06 2026

Transaction ID : ADA325B05BCAF4B36AC2

Amount of Each Receipt this Period
3500.00

Memo Item
SEE REDESIGNATION

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 06 2026

Transaction ID : A40659FFC4FFF4CD1B4B

Amount of Each Receipt this Period
3500.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
VACIRCA, JEFF, , ,

Mailing Address 1500 ROUTE 112

City PORT JEFFERSON STA State NY Zip Code 11776-8054

FEC ID number of contributing federal political committee. C

Name of Employer NYCBS Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 11 2026

Transaction ID : A7CB1736D6CAF4F03A46

Amount of Each Receipt this Period
-2458.98

Memo Item
REDESIGNATION FROM

SUBTOTAL of Receipts This Page (optional)..... ▶ 3500.00

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: PAGE 34 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VACIRCA, JEFF, , ,

Mailing Address 1500 ROUTE 112

City PORT JEFFERSON STA	State NY	Zip Code 11776-8054
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer NYCBS	Occupation CEO
---------------------------	-------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : AFC95A46F5479439CB66

Amount of Each Receipt this Period

Memo Item
 REDESIGNATION TO

B. Full Name (Last, First, Middle Initial)
VACIRCA, JEFF, , ,

Mailing Address 1500 ROUTE 112

City PORT JEFFERSON STA	State NY	Zip Code 11776-8054
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer NYCBS	Occupation CEO
---------------------------	-------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A6E27158EADC24CECA39

Amount of Each Receipt this Period

Memo Item
 REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
VACIRCA, LORI, , ,

Mailing Address 1500 ROUTE 112

City PORT JEFFERSON STA	State NY	Zip Code 11776-3060
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer HOMEMAKER	Occupation HOMEMAKER
-------------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : ABD4C785FFFA24FA8A54

Amount of Each Receipt this Period

Memo Item
 REATTRIBUTION TO

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="0.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

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 35 OF 87	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
VACIRCA, JEFF, , ,

Mailing Address 1500 ROUTE 112

City PORT JEFFERSON STA	State NY	Zip Code 11776-8054
----------------------------	-------------	------------------------

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

Name of Employer NYCBS	Occupation CEO
---------------------------	-------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2026

Transaction ID : A70D42E7209DF49B8B96

Amount of Each Receipt this Period
3500.00

Memo Item
SEE REATTRIBUTION; SEE REDESIGNATION

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE	State WY	Zip Code 82001-4569
------------------	-------------	------------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 11 / 2026

Transaction ID : AC2C6DFD1BEE14EDFA4B

Amount of Each Receipt this Period
3500.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
WALSH, TED, , ,

Mailing Address 306 MIDDLESEX RD

City BUFFALO	State NY	Zip Code 14216-3139
-----------------	-------------	------------------------

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

Name of Employer WALSH DUFFIELD	Occupation INSURANCE
------------------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1041.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2026

Transaction ID : ACCA109C904304D4BBA9

Amount of Each Receipt this Period
1041.02

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶	4541.02
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 36 OF 87	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2026

Transaction ID : A8EAE5662DCE149A2BE4

Amount of Each Receipt this Period
1041.02

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
YOUNG, SHAWN, , ,

Mailing Address 1165 EDEN EVANS CENTER RD

City ANGOLA State NY Zip Code 14006-9735

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
ERIE COUNTY SHERIFF'S OFFICE DEPUTY SHERIFF

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
399.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 22 / 2026

Transaction ID : A7F76BD7CD42F46CF828

Amount of Each Receipt this Period
100.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 22 / 2026

Transaction ID : ACC3CB4AC5E414E13B8E

Amount of Each Receipt this Period
100.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶	100.00
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: PAGE 37 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ZOGBY, STEPHEN, , ,

Mailing Address 4 TENNYSON CIR

City NEW HARTFORD State NY Zip Code 13413-2234

FEC ID number of contributing federal political committee. C

Name of Employer SCALZO ZOGBY WITTIG INC Occupation INSURANCE AGENT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2026

Transaction ID : A812F87D1A14A4063B21

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2026

Transaction ID : A8509684215F347D6815

Amount of Each Receipt this Period
250.00

Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

C. Full Name (Last, First, Middle Initial)
ZWAS, MIKE, , ,

Mailing Address 234 WARREN AVE

City ROCHESTER State NY Zip Code 14618-4316

FEC ID number of contributing federal political committee. C

Name of Employer THE INSURANCE MARKETPLACE Occupation INSURANCE AGENT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2026

Transaction ID : A6E17D9FB755846D08AE

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 38 OF 87	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVE
STE 413B562

City CHEYENNE State WY Zip Code 82001-4569

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200651.38

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2026

Transaction ID : AB88F279911E54E62AF6

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
ZYLKA, SCOTT, , ,

Mailing Address 2 ORCHARD HILL DR

City ORCHARD PARK State NY Zip Code 14127-3536

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

Name of Employer Occupation
RODRIGUEZ CONSTRUCTION GROUP COPR DEV DIRECTOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 03 / 2026

Transaction ID : AF79346BB3EFE4191864

Amount of Each Receipt this Period
200.00

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).....▶	200.00
TOTAL This Period (last page this line number only).....▶	67232.15

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 39 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMALGAMATED TRANSIT UNION - COPE (ATU COPE)

Mailing Address 10000 NEW HAMPSHIRE AVE

City SILVER SPRING	State MD	Zip Code 20903-1706
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00032995

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : A4F21EEEF865947B6B71

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF CARDIOLOGY PAC (HEARTPAC)

Mailing Address 2400 N ST NW

City WASHINGTON	State DC	Zip Code 20037-1118
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00375360

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : A60ADF48AE10C48E198E

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC (ACRA/RADPAC)

Mailing Address 1892 PRESTON WHITE DR

City RESTON	State VA	Zip Code 20191-4325
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 04 / 2026

Transaction ID : AB4FD00C1EE3C48B1BEF

Amount of Each Receipt this Period
1500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	8500.00
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: PAGE 40 OF 87
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN MARITIME OFFICERS VOLUNTARY POLITICAL ACTION FUND

Mailing Address PO BOX 66

City DANIA BEACH State FL Zip Code 33004-0066

FEC ID number of contributing federal political committee. **C** C00027532

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2026

Transaction ID : A0A7BD874C265405BAE1

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION PAC (INSURING AMERICA PAC)

Mailing Address 8700 W BRYN MAWR AVE
STE 1200S

City CHICAGO State IL Zip Code 60631-3512

FEC ID number of contributing federal political committee. **C** C00066472

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2026

Transaction ID : A00650BE9381A43FC92F

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMGEN INC. PAC

Mailing Address 601 13TH ST NW
STE 1100

City WASHINGTON State DC Zip Code 20005-3822

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2026

Transaction ID : A9B2AAD2351D5410EB18

Amount of Each Receipt this Period
2500.00

Memo Item

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 Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 87	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMGEN INC. PAC

Mailing Address 601 13TH ST NW
STE 1100

City WASHINGTON State DC Zip Code 20005-3822

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : A1A6AF00D2D13463094B

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AVANGRID PAC

Mailing Address 607 14TH ST NW
STE 540

City WASHINGTON State DC Zip Code 20005-2096

FEC ID number of contributing federal political committee. **C** C00406801

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : A2C2878B6C123468B843

Amount of Each Receipt this Period
5000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CNA FINANCIAL CORPORATION CITIZENS FOR GOOD GOVERNMENT

Mailing Address 151 N FRANKLIN ST
FL 9

City CHICAGO State IL Zip Code 60606-1915

FEC ID number of contributing federal political committee. **C** C00078287

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : AF06D16024A194147B04

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 87	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DELAWARE NORTH COMPANIES, INC. PAC

Mailing Address 250 DELAWARE AVE

City BUFFALO	State NY	Zip Code 14202-2014
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00532887

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2026

Transaction ID : AAA8BCFD265A54482AF2

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ERIE INDEMNITY COMPANY PAC - FEDERAL (ERIE INSURANCE PAC)

Mailing Address 100 ERIE INSURANCE PL

City ERIE	State PA	Zip Code 16530-9000
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00153577

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : A2F6BAC41791D4E31892

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KOCH INDUSTRIES, INC. PAC (KOCHPAC)

Mailing Address 4111 E 37TH ST N

City WICHITA	State KS	Zip Code 67220-3203
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00236489

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID : A2F9812D61FF3422F871

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	5500.00
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: PAGE 43 OF 87
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MINN-DAK FARMERS COOPERATIVE SUGAR PAC (MDSPAC)

Mailing Address 7525 RED RIVER RD

City WAHPETON State ND Zip Code 58075-9705

FEC ID number of contributing federal political committee. **C** C00164939

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2026

Transaction ID : AD9F4AB53E5B2414491D

Amount of Each Receipt this Period
1500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF CONVENIENCE STORES (NACS PAC)

Mailing Address 1600 DUKE ST

City ALEXANDRIA State VA Zip Code 22314-3407

FEC ID number of contributing federal political committee. **C** C00126763

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 12 / 2026

Transaction ID : ADDFF2C7EF3C14AE78A7

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF REALTORS PAC (RPAC)

Mailing Address 430 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-4006

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2026

Transaction ID : AA103E82B33D24792BCA

Amount of Each Receipt this Period
4000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 6500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 44 OF 87	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NATIONAL CHICKEN COUNCIL PAC (FKA) NATIONAL BROILER COUNCIL PAC

Mailing Address 1152 15TH ST NW
STE 430

City WASHINGTON	State DC	Zip Code 20005-1790
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00034272

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		12		2026

Transaction ID : AE822053E8E484236AFE

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SAP PAC

Mailing Address PO BOX 222

City GREENVALE	State NY	Zip Code 11548-0222
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00846477

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2026

Transaction ID : A6D181C597C9F4108981

Amount of Each Receipt this Period
3500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SAP PAC

Mailing Address PO BOX 222

City GREENVALE	State NY	Zip Code 11548-0222
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00846477

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		18		2026

Transaction ID : AE47335E0E29C4659A4B

Amount of Each Receipt this Period
1500.00

Memo Item

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

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

10000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 OF 87
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WESTERN SUGAR COOPERATIVE PAC

Mailing Address 7555 E HAMPDEN AVE
STE 520

City DENVER State CO Zip Code 80231-4850

FEC ID number of contributing federal political committee. **C** C00446674

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 12 / 2026

Transaction ID : AB5A3F2A2B4B14E7B818

Amount of Each Receipt this Period
1000.00

Memo Item

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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	44500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 46 OF 87	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR

City FORT WORTH	State TX	Zip Code 76155-1801
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : AD7AE231500BE4A549A8

Amount of Each Receipt this Period

Memo Item
 REFUND: TRAVEL

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

Mailing Address

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

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

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.

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="482.40"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="482.40"/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 47 OF 87
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
FIDELITY INVESTMENTS

Mailing Address 245 SUMMER ST

City BOSTON State MA Zip Code 02210-1116

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
54940.15

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 30 / 2026

Transaction ID : A12914721DC0B46F098E

Amount of Each Receipt this Period
3857.66

Memo Item
INVESTMENT INCOME

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)..... ▶	3857.66
TOTAL This Period (last page this line number only)..... ▶	3857.66

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)		PAGE 48 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACE FLAG			Date of Disbursement M M / D D / Y Y Y Y 04 / 26 / 2026	
Mailing Address 5444 TRANSIT RD			FEC Identification Number C	
City DEPEW	State NY	Zip Code 14043-3235	Amount of Each Disbursement this Period 150.03	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : B2CF771C6B75F4B3E85A	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026	
Mailing Address 1 SKYVIEW DR			FEC Identification Number C	
City FORT WORTH	State TX	Zip Code 76155-1801	Amount of Each Disbursement this Period 482.40	
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B81F8544D03DE4AD9954	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C. AMERICAN EXPRESS			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2026	
Mailing Address PO BOX 60189			FEC Identification Number C	
City CITY OF INDUSTRY	State CA	Zip Code 91716-0189	Amount of Each Disbursement this Period 11434.33	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type 001	Transaction ID : B2DA8987445AD473DB39	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	12066.76
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)		PAGE 49 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. CONSTANT CONTACT

Full Name (Last, First, Middle Initial)
Mailing Address 1601 TRAPELO RD

City WALTHAM State MA Zip Code 02451-7333

Purpose of Disbursement SOFTWARE Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 04 / 23 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 604.20

Transaction ID : BFDB21EC9C59A4D90A47

Memo Item

B. AMTRAK

Full Name (Last, First, Middle Initial)
Mailing Address 60 MASSACHUSETTS AVE NE

City WASHINGTON State DC Zip Code 20002-4285

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 04 / 23 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 384.00

Transaction ID : BB7000B4143BF4C0BA14

Memo Item

C. LYFT

Full Name (Last, First, Middle Initial)
Mailing Address 185 BERRY ST STE 5000

City SAN FRANCISCO State CA Zip Code 94107-2503

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 04 / 23 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 99.50

Transaction ID : B7A08ADAD4DB64C7A8EF

Memo Item

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 Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. MARRIOTT

Full Name (Last, First, Middle Initial)

Mailing Address 7750 WISCONSIN AVE

City BETHESDA State MD Zip Code 20814-3522

Purpose of Disbursement TRAVEL Category/Type 002

Candidate Name

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

State: District:

Date of Disbursement: 04 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 208.91

Transaction ID : BE8C784DA225340E3858

Memo Item

B. LYFT

Full Name (Last, First, Middle Initial)

Mailing Address 185 BERRY ST STE 5000

City SAN FRANCISCO State CA Zip Code 94107-2503

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 16.78

Transaction ID : B0360EA33D8FB45AC977

Memo Item

C. DELTA AIR LINES

Full Name (Last, First, Middle Initial)

Mailing Address 1030 DELTA BLVD

City ATLANTA State GA Zip Code 30354-1989

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 11.56

Transaction ID : BD8CE840741614E91A4E

Memo Item

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 Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039-4202

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 70.12

Transaction ID : B3AB1C255BE7D4EF7AD7

Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST STE 5000

City SAN FRANCISCO State CA Zip Code 94107-2503

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 58.73

Transaction ID : BF3158DB307B74112BAC

Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST STE 5000

City SAN FRANCISCO State CA Zip Code 94107-2503

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 73.12

Transaction ID : B364CA1F8F80D469EA7B

Memo Item

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 Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. TRATTORIA ALBERTO		Date of Disbursement MM / DD / YYYY 04 / 23 / 2026
Mailing Address 508 8TH ST SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-2834
Purpose of Disbursement FOOD/BEVERAGE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 170.69	
Office Sought: <input 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) ▼	Transaction ID : BF2470D58477C4C48BB8
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. OFFICE DEPOT		Date of Disbursement MM / DD / YYYY 04 / 23 / 2026
Mailing Address 6600 N MILITARY TRL		FEC Identification Number C
City BOCA RATON	State FL	Zip Code 33496-2434
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 43.46	
Office Sought: <input 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) ▼	Transaction ID : BDE67031290C845B0B92
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. DELTA AIR LINES		Date of Disbursement MM / DD / YYYY 04 / 23 / 2026
Mailing Address 1030 DELTA BLVD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30354-1989
Purpose of Disbursement REFUND: TRAVEL	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period - 11.56	
Office Sought: <input 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) ▼	Transaction ID : B74A244FA55EE45219B6
State: District:	<input checked="" type="checkbox"/> Memo Item	

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 Page	FOR LINE NUMBER: (check only one)		PAGE 53 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. OFFICE DEPOT		M M / D D / Y Y Y Y 04 / 23 / 2026	
Mailing Address 6600 N MILITARY TRL		FEC Identification Number	
City BOCA RATON	State FL	C	
Zip Code 33496-2434	Purpose of Disbursement OFFICE SUPPLIES	Amount of Each Disbursement this Period	
	001	32.59	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B0F0ABD634FB247FEBFE	
Disbursement For: 2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item	
	<input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. REIKART HOUSE		M M / D D / Y Y Y Y 04 / 23 / 2026	
Mailing Address 5000 MAIN ST		FEC Identification Number	
City BUFFALO	State NY	C	
Zip Code 14226-4955	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period	
	001	2178.55	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B6ADCCB2D9F1244358CB	
Disbursement For: 2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item	
	<input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. SUNOCO		M M / D D / Y Y Y Y 04 / 23 / 2026	
Mailing Address 8111 WESTCHESTER DR		FEC Identification Number	
City DALLAS	State TX	C	
Zip Code 75225-6139	Purpose of Disbursement TRAVEL	Amount of Each Disbursement this Period	
	001	47.70	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Transaction ID : B3620C50DE56C4F5A8F5	
Disbursement For: 2026	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Memo Item	
	<input type="checkbox"/> Other (specify) ▼		
State: District:			

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 Page	FOR LINE NUMBER: (check only one)		PAGE 54 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UPS STORE			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2026	
Mailing Address 6060 CORNERSTONE CT W			FEC Identification Number C	
City SAN DIEGO	State CA	Zip Code 92121-3712	Amount of Each Disbursement this Period 112.75	
Purpose of Disbursement SHIPPING/DELIVERY		Category/ Type 001	Transaction ID : BEF12B3378C864D909FD	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. LYFT			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2026	
Mailing Address 185 BERRY ST STE 5000			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94107-2503	Amount of Each Disbursement this Period 23.93	
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B2FD76DD578214D53916	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C. BUFFALO SABRES			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2026	
Mailing Address 403 MAIN STREET, SUITE 630			FEC Identification Number C	
City BUFFALO	State NY	Zip Code 14203-2107	Amount of Each Disbursement this Period 6900.00	
Purpose of Disbursement EVENT TICKETS		Category/ Type 001	Transaction ID : B84600C000D7B45E9BDA	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input 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: District:				

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 Page	FOR LINE NUMBER: (check only one)		PAGE 55 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address PO BOX 60189		FEC Identification Number C
City CITY OF INDUSTRY	State CA	Zip Code 91716-0189
Purpose of Disbursement CREDIT CARD PAYMENT	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 4523.47
Office Sought: <input 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) ▼	Transaction ID : BCD5195238F2D436CAA4
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CONSTANT CONTACT		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address 1601 TRAPELO RD		FEC Identification Number C
City WALTHAM	State MA	Zip Code 02451-7333
Purpose of Disbursement SOFTWARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 604.20
Office Sought: <input 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) ▼	Transaction ID : BE62C8CE3AADF4BA38A0
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address 185 BERRY ST STE 5000		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107-2503
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 35.99
Office Sought: <input 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) ▼	Transaction ID : B3DE3C52840E04E199B3
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4523.47
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)		PAGE 56 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES			Date of Disbursement MM / DD / YYYY 05 / 27 / 2026	
Mailing Address 2702 LOVE FIELD DR			FEC Identification Number C	
City DALLAS	State TX	Zip Code 75235-1908	Amount of Each Disbursement this Period 857.40	
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B75B132C969AF4DC6A26	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. HOUSE GIFT SHOP			Date of Disbursement MM / DD / YYYY 05 / 27 / 2026	
Mailing Address U.S. HOUSE OF REPRESENTATIVES LONGWORTH B218			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20515	Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : B57B642F6BFA54805B8B	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C. LYFT			Date of Disbursement MM / DD / YYYY 05 / 27 / 2026	
Mailing Address 185 BERRY ST STE 5000			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94107-2503	Amount of Each Disbursement this Period 26.30	
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B02631918560B48E88DE	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input 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: District:				

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 Page	FOR LINE NUMBER: (check only one)		PAGE 57 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXXONMOBIL

Mailing Address 5959 LAS COLINAS BLVD

City IRVING State TX Zip Code 75039-4202

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 05 / 27 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 83.07

Transaction ID : B17B8A24EA459489BB50

Memo Item

Full Name (Last, First, Middle Initial)

B. SOUTHWEST AIRLINES

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235-1908

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 05 / 27 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 11.20

Transaction ID : B43D6A47484534123964

Memo Item

Full Name (Last, First, Middle Initial)

C. BOBBY VANS STEAKHOUSE

Mailing Address 809 15TH ST NW

City WASHINGTON State DC Zip Code 20005-2203

Purpose of Disbursement FOOD/BEVERAGE Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 05 / 27 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 695.20

Transaction ID : BAB47174B98BF469B9FC

Memo Item

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 Page	FOR LINE NUMBER: (check only one)		PAGE 58 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. PARK AVENUE IMPRINTS LLC		Date of Disbursement MM / DD / YYYY 05 / 27 / 2026
Mailing Address 2955 S PARK AVE		FEC Identification Number C
City BUFFALO	State NY	Zip Code 14218-2613
Purpose of Disbursement PRINTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1081.50	
Office Sought: <input 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) ▼	Transaction ID : B475B2A3BE50E47A39E1
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ANEDOT INC		Date of Disbursement MM / DD / YYYY 04 / 01 / 2026
Mailing Address 1340 POYDRAS ST		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-1251
Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 521.80	
Office Sought: <input 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) ▼	Transaction ID : B6F5367D4DB78480F9E8
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ANEDOT INC		Date of Disbursement MM / DD / YYYY 04 / 02 / 2026
Mailing Address 1340 POYDRAS ST		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-1251
Purpose of Disbursement CREDIT CARD MERCHANT FEE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 821.60	
Office Sought: <input 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) ▼	Transaction ID : BEF8A9B50592E42CC85B
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1343.40
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)		PAGE 59 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT INC			Date of Disbursement MM / DD / YYYY 04 / 14 / 2026	
Mailing Address 1340 POYDRAS ST			FEC Identification Number C	
City NEW ORLEANS	State LA	Zip Code 70112-1251	Amount of Each Disbursement this Period 4.30	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type 001	Transaction ID : BBFD89F02AC2B4DF189A	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. ANEDOT INC			Date of Disbursement MM / DD / YYYY 04 / 21 / 2026	
Mailing Address 1340 POYDRAS ST			FEC Identification Number C	
City NEW ORLEANS	State LA	Zip Code 70112-1251	Amount of Each Disbursement this Period 503.20	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type 001	Transaction ID : B4629B94D9DEB458F814	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C. ANEDOT INC			Date of Disbursement MM / DD / YYYY 04 / 28 / 2026	
Mailing Address 1340 POYDRAS ST			FEC Identification Number C	
City NEW ORLEANS	State LA	Zip Code 70112-1251	Amount of Each Disbursement this Period 501.80	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type 001	Transaction ID : B6046EB92D7974ADFA68	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1009.30
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)	PAGE 60 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT INC			Date of Disbursement MM / DD / YYYY 05 / 04 / 2026		
Mailing Address 1340 POYDRAS ST			FEC Identification Number C		
City NEW ORLEANS	State LA	Zip Code 70112-1251	Amount of Each Disbursement this Period 240.90		
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type 001	Transaction ID : BE9DCF8BD2C8A48CA895		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) B. ANEDOT INC			Date of Disbursement MM / DD / YYYY 05 / 05 / 2026		
Mailing Address 1340 POYDRAS ST			FEC Identification Number C		
City NEW ORLEANS	State LA	Zip Code 70112-1251	Amount of Each Disbursement this Period 40.30		
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type 001	Transaction ID : BE47111EE5BC0409DA71		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

Full Name (Last, First, Middle Initial) C. ANEDOT INC			Date of Disbursement MM / DD / YYYY 05 / 13 / 2026		
Mailing Address 1340 POYDRAS ST			FEC Identification Number C		
City NEW ORLEANS	State LA	Zip Code 70112-1251	Amount of Each Disbursement this Period 80.30		
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type 001	Transaction ID : BA6BE8F73AC7D49379CC		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input 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: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	361.50
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 Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ANEDOT INC			Date of Disbursement MM / DD / YYYY 05 / 20 / 2026
Mailing Address 1340 POYDRAS ST			FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-1251	Amount of Each Disbursement this Period 80.90
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type 001	Transaction ID : BE5B68B8269A14020990
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) B. ANEDOT INC			Date of Disbursement MM / DD / YYYY 05 / 28 / 2026
Mailing Address 1340 POYDRAS ST			FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-1251	Amount of Each Disbursement this Period 80.30
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type 001	Transaction ID : B77446C159F9544CFA69
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) C. APPLE INC.			Date of Disbursement MM / DD / YYYY 04 / 06 / 2026
Mailing Address ONE APPLE PARK WAY			FEC Identification Number C
City CUPERTINO	State CA	Zip Code 95014-0642	Amount of Each Disbursement this Period 40.27
Purpose of Disbursement PHONE		Category/ Type 001	Transaction ID : B474D0055EC4F45EFB1A
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	201.47
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)		PAGE 62 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ARENA LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026	
Mailing Address 1260 E STRINGHAM AVE STE 400			FEC Identification Number C	
City SALT LAKE CITY	State UT	Zip Code 84106-3030	Amount of Each Disbursement this Period 1260.00	
Purpose of Disbursement WEBSITE SERVICES		Category/ Type 001	Transaction ID : B58BE70A5A47D4DD981F	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. ARENA LLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026	
Mailing Address 1260 E STRINGHAM AVE STE 400			FEC Identification Number C	
City SALT LAKE CITY	State UT	Zip Code 84106-3030	Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement WEBSITE SERVICES		Category/ Type 001	Transaction ID : B9F2D9BC8346541B7812	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C. ARISTOTLE INTERNATIONAL INC			Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2026	
Mailing Address PO BOX 716045			FEC Identification Number C	
City PHILADELPHIA	State PA	Zip Code 19171-6045	Amount of Each Disbursement this Period 2610.00	
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : B1DD51AEC858947CFAE9	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4270.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 63 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BAKER, PAMELA, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2026
Mailing Address PO BOX 120		FEC Identification Number C
City CLARENCE	State NY	Zip Code 14031-0120
Purpose of Disbursement FINANCE CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input 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) ▼	Transaction ID : BDA87F52D4FDC4269A9E
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BAKER, PAMELA, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026
Mailing Address PO BOX 120		FEC Identification Number C
City CLARENCE	State NY	Zip Code 14031-0120
Purpose of Disbursement FINANCE CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input 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) ▼	Transaction ID : BCA4AF620CCCD4A24A77
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BJS WHOLESALE CLUB		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 25 RESEARCH DR		FEC Identification Number C
City WESTBOROUGH	State MA	Zip Code 01581-3680
Purpose of Disbursement OFFICE SUPPLIES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 539.28	
Office Sought: <input 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) ▼	Transaction ID : BBCE52EB1DF4340868C9
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2539.28
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 Page

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

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. BROGHAMER COMPLIANCE

Mailing Address PO BOX 72100

City NEWPORT State KY Zip Code 41072-0100

Purpose of Disbursement COMPLIANCE CONSULTING Category/Type 001

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
04 / 06 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
3920.67

Transaction ID : BB2D1438BDD48457AB13

Memo Item

Full Name (Last, First, Middle Initial)
B. BROGHAMER COMPLIANCE

Mailing Address PO BOX 72100

City NEWPORT State KY Zip Code 41072-0100

Purpose of Disbursement COMPLIANCE CONSULTING Category/Type 001

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
05 / 14 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
3757.59

Transaction ID : BBF21E8F8437F4A78B2B

Memo Item

Full Name (Last, First, Middle Initial)
C. CAPELIANIS CONSULTING

Mailing Address 221 N PATRICK ST

City ALEXANDRIA State VA Zip Code 22314-2440

Purpose of Disbursement FINANCE CONSULTING Category/Type 001

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
04 / 06 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
14812.90

Transaction ID : B2AA3D9B3D5F54E92BF0

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 22491.16

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)		PAGE 65 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPELIANIS CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026	
Mailing Address 221 N PATRICK ST			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314-2440	Amount of Each Disbursement this Period 1015.79	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type 001	Transaction ID : BBDE29C075B924F32A54	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. CAPELIANIS CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026	
Mailing Address 221 N PATRICK ST			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314-2440	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type 001	Transaction ID : BA1EBB5DC7DC84B46BB3	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C. CAPELIANIS CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026	
Mailing Address 221 N PATRICK ST			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314-2440	Amount of Each Disbursement this Period 13000.00	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type 001	Transaction ID : B5E4E8D1DEDAB4F6CA19	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	24015.79
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 Page	FOR LINE NUMBER: (check only one)		PAGE 66 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPELIANIS CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026	
Mailing Address 221 N PATRICK ST			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314-2440	Amount of Each Disbursement this Period 1538.68	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type 001	Transaction ID : BD006E228B577412F8AD	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. CAPELIANIS CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026	
Mailing Address 221 N PATRICK ST			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314-2440	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type 001	Transaction ID : B2B2C6D50383D4485992	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C. CAPELIANIS CONSULTING			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026	
Mailing Address 221 N PATRICK ST			FEC Identification Number C	
City ALEXANDRIA	State VA	Zip Code 22314-2440	Amount of Each Disbursement this Period 535.75	
Purpose of Disbursement FINANCE CONSULTING		Category/ Type 001	Transaction ID : BD9D2C1CFB7134BC985F	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	12074.43
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)		PAGE 67 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 04 / 16 / 2026
Mailing Address 300 1ST ST SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1801
Purpose of Disbursement FOOD/BEVERAGE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 136.50	
Office Sought: <input 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) ▼	Transaction ID : B5286386DEDEC498991F
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement MM / DD / YYYY 05 / 18 / 2026
Mailing Address 300 1ST ST SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1801
Purpose of Disbursement FOOD/BEVERAGE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1870.43	
Office Sought: <input 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) ▼	Transaction ID : BE296A1D4AD4A4D01B25
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CAPITOL PUBLIC STRATEGIES MEDIA		Date of Disbursement MM / DD / YYYY 04 / 06 / 2026
Mailing Address PO BOX 137		FEC Identification Number C
City CHAPPAQUA	State NY	Zip Code 10514-0137
Purpose of Disbursement COMMUNICATIONS CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 3000.00	
Office Sought: <input 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) ▼	Transaction ID : B8088B400CA9F48F79A7
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5006.93
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)		PAGE 68 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. CASILIO COMMUNICATIONS LLC

Mailing Address 8899 MAIN ST
SUITE 105

City WILLIAMSVILLE State NY Zip Code 14221-7628

Purpose of Disbursement RENT Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1250.00

Transaction ID : B37B0EEF160154E5E9FA

Memo Item

Full Name (Last, First, Middle Initial)
B. CASILIO COMMUNICATIONS LLC

Mailing Address 8899 MAIN ST
SUITE 105

City WILLIAMSVILLE State NY Zip Code 14221-7628

Purpose of Disbursement RENT Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 05 / 14 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : BDC37BE4CF9D54E14BCC

Memo Item

Full Name (Last, First, Middle Initial)
C. CASILIO COMMUNICATIONS LLC

Mailing Address 8899 MAIN ST
SUITE 105

City WILLIAMSVILLE State NY Zip Code 14221-7628

Purpose of Disbursement RENT Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 05 / 27 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1500.00

Transaction ID : BFBEEC231D9FC49D0805

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4250.00

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 Page	FOR LINE NUMBER: (check only one)		PAGE 69 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHAUTAUQUA COUNTY REPUBLICAN COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address 9190 FORSYTH RD E			FEC Identification Number C
City RIPLEY	State NY	Zip Code 14775-9536	Amount of Each Disbursement this Period 250.00
Purpose of Disbursement EVENT SPONSORSHIP		Category/ Type 001	Transaction ID : B196F5385ECCD469BA41
Candidate Name CHAUTAUQUA COUNTY REPUBLICAN COMMITTEE		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	

Full Name (Last, First, Middle Initial) B. CHAUTAUQUA COUNTY REPUBLICAN COMMITTEE			Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address 9190 FORSYTH RD E			FEC Identification Number C
City RIPLEY	State NY	Zip Code 14775-9536	Amount of Each Disbursement this Period 275.00
Purpose of Disbursement ADVERTISING		Category/ Type 001	Transaction ID : BC139386278CA4C82AE1
Candidate Name CHAUTAUQUA COUNTY REPUBLICAN COMMITTEE		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	

Full Name (Last, First, Middle Initial) C. D&D PRINTING			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 1728 CLINTON ST			FEC Identification Number C
City BUFFALO	State NY	Zip Code 14206-3151	Amount of Each Disbursement this Period 2710.59
Purpose of Disbursement PRINTING/POSTAGE		Category/ Type 001	Transaction ID : BA2968D2BF003431786B
Candidate Name		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Memo Item
Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	3235.59
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)		PAGE 70 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)			Date of Disbursement	
A. D&D PRINTING			M M / D D / Y Y Y Y 05 / 27 / 2026	
Mailing Address 1728 CLINTON ST			FEC Identification Number	
City BUFFALO	State NY	Zip Code 14206-3151	C	
Purpose of Disbursement PRINTING/POSTAGE		Category/ Type 001	Amount of Each Disbursement this Period	
Candidate Name			1574.74	
Office Sought:	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) ▼	Transaction ID : BFB86C9261CF24CE990E	
State:	District:		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
B. DEMOCRACY ENGINE			M M / D D / Y Y Y Y 04 / 30 / 2026	
Mailing Address 416 FLORIDA AVE NW STE 26418			FEC Identification Number	
City WASHINGTON	State DC	Zip Code 20001-0516	C	
Purpose of Disbursement CREDIT CARD MERCHANT FEE		Category/ Type 001	Amount of Each Disbursement this Period	
Candidate Name			0.43	
Office Sought:	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) ▼	Transaction ID : B49B73BFE3E504AC8B9F	
State:	District:		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)			Date of Disbursement	
C. ERIE COUNTY REPUBLICAN LEGISLATURE CAMPAIGN CMTE			M M / D D / Y Y Y Y 04 / 23 / 2026	
Mailing Address 715 MAIN ST STE 102			FEC Identification Number	
City BUFFALO	State NY	Zip Code 14203-1333	C	
Purpose of Disbursement EVENT SPONSORSHIP		Category/ Type 001	Amount of Each Disbursement this Period	
Candidate Name ERIE COUNTY REPUBLICAN LEGISLATURE CAMPAIGN CMTE			250.00	
Office Sought:	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) ▼	Transaction ID : B4A25D5AAEFA94E33A73	
State:	District:		<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1825.17
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 Page	FOR LINE NUMBER: (check only one)		PAGE 71 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EXXONMOBIL		Date of Disbursement MM / DD / YYYY 05 / 04 / 2026
Mailing Address 5959 LAS COLINAS BLVD		FEC Identification Number C
City IRVING	State TX	Zip Code 75039-4202
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 32.73	
Office Sought: <input 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) ▼	Transaction ID : BF54C57BACDA7457F960
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. EXXONMOBIL		Date of Disbursement MM / DD / YYYY 06 / 01 / 2026
Mailing Address 5959 LAS COLINAS BLVD		FEC Identification Number C
City IRVING	State TX	Zip Code 75039-4202
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 43.83	
Office Sought: <input 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) ▼	Transaction ID : BC0693F56C2B44B089ED
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FRIENDS OF RICH ANDRES		Date of Disbursement MM / DD / YYYY 04 / 14 / 2026
Mailing Address 448 GOUNDRY ST		FEC Identification Number C
City NORTH TONAWANDA	State NY	Zip Code 14120
Purpose of Disbursement EVENT SPONSORSHIP	Category/ Type 001	
Candidate Name FRIENDS OF RICH ANDRES	Amount of Each Disbursement this Period 500.00	
Office Sought: <input 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) ▼	Transaction ID : B292D20C1F2FE4F39899
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	576.56
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)		PAGE 72 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. FRIENDS OF SCOTT HONOR

Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 27

City BUFFALO State NY Zip Code 14201-0027

Purpose of Disbursement SPONSORSHIP Category/Type 001

Candidate Name FRIENDS OF SCOTT HONOR

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

State: District:

Date of Disbursement: 05 / 27 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : BBF9306CAADB246CD978

Memo Item

B. GUITAR CENTER

Full Name (Last, First, Middle Initial)
Mailing Address 1092 NIAGARA FALLS BLVD

City TONAWANDA State NY Zip Code 14150-9329

Purpose of Disbursement OFFICE SUPPLIES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 06 / 01 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1230.00

Transaction ID : B20A2618EAF124652BC7

Memo Item

C. HORIZON MESSAGING CORP

Full Name (Last, First, Middle Initial)
Mailing Address 3050 SKYLINE DR

City SCHENECTADY State NY Zip Code 12306-6446

Purpose of Disbursement TEXT MESSAGE SERVICE Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 114.39

Transaction ID : BAB234644D2014E5084C

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1844.39

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)		PAGE 73 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. IAO PROPERTY HOLDINGS, LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 27 D ST SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-4003
Purpose of Disbursement FACILITY RENTAL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 210.00	
Office Sought: <input 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) ▼	Transaction ID : BF0B08662A3DA477A90A
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INDEED		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2026
Mailing Address 7501 N CAPITAL OF TEXAS HWY		FEC Identification Number C
City AUSTIN	State TX	Zip Code 78731-1773
Purpose of Disbursement SUBSCRIPTION	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 309.59	
Office Sought: <input 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) ▼	Transaction ID : B94A704185777447CA46
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTERNAL REVENUE SERVICE		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address DEPARTMENT OF THE TREASURY		FEC Identification Number C
City OGDEN	State UT	Zip Code 84201
Purpose of Disbursement TAXES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 6159.50	
Office Sought: <input 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) ▼	Transaction ID : BF56D37B2575647A692A
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	6679.09
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)		PAGE 74 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. KEYBANK CENTER		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2026
Mailing Address 1 SEYMOUR H KNOX III PLAZA		FEC Identification Number C
City BUFFALO	State NY	Zip Code 14203-3008
Purpose of Disbursement CATERING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2057.96
Office Sought: <input 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) ▼	Transaction ID : BCE7AEB1134DC4788B2E
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LANGWORTHY, ERIN, BAKER, ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2026
Mailing Address PO BOX 120		FEC Identification Number C
City CLARENCE	State NY	Zip Code 14031-0120
Purpose of Disbursement EXPENSE REIMBURSEMENT - SEE MEMO	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1000.00
Office Sought: <input 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) ▼	Transaction ID : BEE231FB39D814E3788A
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NIAGARA UNIVERSITY COLLEGE REPUBLICANS		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2026
Mailing Address 5795 LEWISTON RD		FEC Identification Number C
City NIAGARA UNIVERSITY	State NY	Zip Code 14109-9809
Purpose of Disbursement DONATION	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1000.00
Office Sought: <input 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) ▼	Transaction ID : BED9495466CD24DC4A2A
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3057.96
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)		PAGE 75 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. LOCKPORT LOCK MONSTERS 2014 AA

Mailing Address PO BOX 120

City CLARENCE State NY Zip Code 14031-0120

Purpose of Disbursement EVENT SPONSORSHIP Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 05 / 14 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 750.00

Transaction ID : B7A734969285D4BECA87

Memo Item

Full Name (Last, First, Middle Initial)
B. LORIGO FOR ERIE COUNTY

Mailing Address 101 SLADE AVE

City WEST SENECA State NY Zip Code 14224-2617

Purpose of Disbursement SPONSORSHIP Category/Type 001

Candidate Name LORIGO FOR ERIE COUNTY

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

State: District:

Date of Disbursement: 05 / 27 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : B486EBA4718824FA1897

Memo Item

Full Name (Last, First, Middle Initial)
C. LYME WNY

Mailing Address PO BOX 8

City SPRING BROOK State NY Zip Code 14140-0008

Purpose of Disbursement EVENT SPONSORSHIP Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 05 / 27 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 300.00

Transaction ID : B5458A996D9814857AD1

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1550.00

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 Page	FOR LINE NUMBER: (check only one)		PAGE 76 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. MARKETING TECH

Full Name (Last, First, Middle Initial)

Mailing Address 2495 MAIN ST
SUITE 220

City BUFFALO State NY Zip Code 14214-2156

Purpose of Disbursement PRINTING/POSTAGE Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 5556.82

Transaction ID : B7A6EC685CBF34C8DBA8

Memo Item

B. NIAGARA COUNTY REPUBLICAN WOMEN

Full Name (Last, First, Middle Initial)

Mailing Address 4520 BAER RD

City RANSOMVILLE State NY Zip Code 14131-9304

Purpose of Disbursement EVENT SPONSORSHIP Category/Type 001

Candidate Name NIAGARA COUNTY REPUBLICAN WOMEN

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

State: District:

Date of Disbursement: 04 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : B169F80B8C86849D08A5

Memo Item

C. PARK AVENUE IMPRINTS LLC

Full Name (Last, First, Middle Initial)

Mailing Address 2955 S PARK AVE

City BUFFALO State NY Zip Code 14218-2613

Purpose of Disbursement PRINTING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 29 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.00

Transaction ID : B91DDF05444114FAA9E1

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 6956.82

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)		PAGE 77 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. PAULA'S DONUTS

Full Name (Last, First, Middle Initial)

Mailing Address 936 UNION RD

City WEST SENECA State NY Zip Code 14224-3425

Purpose of Disbursement FOOD/BEVERAGE Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 03 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 82.80

Transaction ID : BB0AA1D5AA6E94F4AB4F

Memo Item

B. RAND COMMUNITY PHILANTHROPIC FOUNDATION

Full Name (Last, First, Middle Initial)

Mailing Address 2072 ALLEN STREET EXT

City FALCONER State NY Zip Code 14733-1709

Purpose of Disbursement EVENT SPONSORSHIP Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 250.00

Transaction ID : BFDC33F405E204A07B97

Memo Item

C. SOUTHWEST AIRLINES

Full Name (Last, First, Middle Initial)

Mailing Address 2702 LOVE FIELD DR

City DALLAS State TX Zip Code 75235-1908

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 05 / 15 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 657.40

Transaction ID : BC64E60254A6042238D2

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 990.20

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 Page	FOR LINE NUMBER: (check only one)		PAGE 78 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES			Date of Disbursement M M / D D / Y Y Y Y 05 / 19 / 2026
Mailing Address 2702 LOVE FIELD DR			FEC Identification Number C
City DALLAS	State TX	Zip Code 75235-1908	Amount of Each Disbursement this Period 488.20
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : BB3EF64F913DB4E088C7
Candidate Name		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. SUNOCO			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 8111 WESTCHESTER DR			FEC Identification Number C
City DALLAS	State TX	Zip Code 75225-6139	Amount of Each Disbursement this Period 41.49
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B1D0DF70CAA9E4996B99
Candidate Name		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C. SUNOCO			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 8111 WESTCHESTER DR			FEC Identification Number C
City DALLAS	State TX	Zip Code 75225-6139	Amount of Each Disbursement this Period 43.19
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B061C565D3C264B97882
Candidate Name		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	572.88
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)		PAGE 79 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. THE COLUMNS BANQUETS, INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2026	
Mailing Address 2221 TRANSIT RD			FEC Identification Number C	
City ELMA	State NY	Zip Code 14059-9628	Amount of Each Disbursement this Period 750.00	
Purpose of Disbursement FACILITY RENTAL/CATERING		Category/ Type 001	Transaction ID : B98BA37B622F04151876	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) B. UBER TECHNOLOGIES			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026	
Mailing Address 1455 MARKET ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103-1308	Amount of Each Disbursement this Period 5.00	
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B01058AF692BD41DF9E1	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C. UBER TECHNOLOGIES			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026	
Mailing Address 1455 MARKET ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94103-1308	Amount of Each Disbursement this Period 16.00	
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B9B24AD0FF58F4DE7A25	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	771.00
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 Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 87			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

A. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103-1308

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 17.32

Transaction ID : B35CE1F561FA64734B8A

Memo Item

B. UBER TECHNOLOGIES

Full Name (Last, First, Middle Initial)
Mailing Address 1455 MARKET ST

City SAN FRANCISCO State CA Zip Code 94103-1308

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 162.11

Transaction ID : BB9CF12BF79244E7EB91

Memo Item

C. UPS STORE

Full Name (Last, First, Middle Initial)
Mailing Address 6060 CORNERSTONE CT W

City SAN DIEGO State CA Zip Code 92121-3712

Purpose of Disbursement SHIPPING/DELIVERY Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 22 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 650.44

Transaction ID : B19A6A7A6A6A94F25A93

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 829.87

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 Page	FOR LINE NUMBER: (check only one)		PAGE 81 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. UPS STORE		Date of Disbursement MM / DD / YYYY 05 / 04 / 2026
Mailing Address 6060 CORNERSTONE CT W		FEC Identification Number C
City SAN DIEGO	State CA	Zip Code 92121-3712
Purpose of Disbursement SHIPPING/DELIVERY	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 427.25	
Office Sought: <input 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) ▼	Transaction ID : BC2C4B1C3048B4018BBB
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement MM / DD / YYYY 05 / 18 / 2026
Mailing Address 475 LENFANT PLZ SW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20260-0001
Purpose of Disbursement POSTAGE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 390.00	
Office Sought: <input 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) ▼	Transaction ID : B7201EB1362744B9D855
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement MM / DD / YYYY 06 / 03 / 2026
Mailing Address 475 LENFANT PLZ SW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20260-0001
Purpose of Disbursement POSTAGE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 306.00	
Office Sought: <input 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) ▼	Transaction ID : B54D2E307AF7D4DAEA04
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1123.25
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 Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WALMART INC			Date of Disbursement MM / DD / YYYY 05 / 11 / 2026
Mailing Address 702 SW 8TH ST			FEC Identification Number C
City BENTONVILLE	State AR	Zip Code 72716-6209	Amount of Each Disbursement this Period 21.58
Purpose of Disbursement OFFICE SUPPLIES		Category/Type 001	Transaction ID : B3E357442390F4976BDA
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) B. WEGMANS FOOD MARKETS, INC			Date of Disbursement MM / DD / YYYY 04 / 15 / 2026
Mailing Address 1500 BROOKS AVE			FEC Identification Number C
City ROCHESTER	State NY	Zip Code 14624-3512	Amount of Each Disbursement this Period 18.34
Purpose of Disbursement OFFICE SUPPLIES		Category/Type 001	Transaction ID : B3C0957DB9F2F4497875
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

Full Name (Last, First, Middle Initial) C. WEGMANS FOOD MARKETS, INC			Date of Disbursement MM / DD / YYYY 04 / 24 / 2026
Mailing Address 1500 BROOKS AVE			FEC Identification Number C
City ROCHESTER	State NY	Zip Code 14624-3512	Amount of Each Disbursement this Period 15.55
Purpose of Disbursement OFFICE SUPPLIES		Category/Type 001	Transaction ID : BED203459B7DB4E5EB12
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input 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: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	55.47
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)		PAGE 83 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. WINRED		M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 1603 CAPITOL AVE STE 413B562		FEC Identification Number
City CHEYENNE	State WY	Zip Code 82001-4569
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> C00694323
Candidate Name WINRED		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	141.89
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : BDD661331772A488786E
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. WINRED		M M / D D / Y Y Y Y 04 / 27 / 2026
Mailing Address 1603 CAPITOL AVE STE 413B562		FEC Identification Number
City CHEYENNE	State WY	Zip Code 82001-4569
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> C00694323
Candidate Name WINRED		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	39.48
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : BD973688763B94BCFA5E
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. WINRED		M M / D D / Y Y Y Y 05 / 11 / 2026
Mailing Address 1603 CAPITOL AVE STE 413B562		FEC Identification Number
City CHEYENNE	State WY	Zip Code 82001-4569
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> C00694323
Candidate Name WINRED		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	420.79
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : B8B799D79C2094F5E826
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	602.16
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)		PAGE 84 OF 87	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. WINRED		M M / D D / Y Y Y Y 05 / 18 / 2026
Mailing Address 1603 CAPITOL AVE STE 413B562		FEC Identification Number
City CHEYENNE	State WY	Zip Code 82001-4569
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> C00694323
Candidate Name WINRED		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	226.60
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : B7A9AC04ED3E94594A1F
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. WINRED		M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 1603 CAPITOL AVE STE 413B562		FEC Identification Number
City CHEYENNE	State WY	Zip Code 82001-4569
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> C00694323
Candidate Name WINRED		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	0.04
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : B9615EA4DEABC4A49ACA
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. WINRED		M M / D D / Y Y Y Y 06 / 01 / 2026
Mailing Address 1603 CAPITOL AVE STE 413B562		FEC Identification Number
City CHEYENNE	State WY	Zip Code 82001-4569
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> C00694323
Candidate Name WINRED		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	41.37
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : BEF83BCA1CD1F4E38A09
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	268.01
TOTAL This Period (last page this line number only).....▶	125091.91

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)		PAGE 85 OF 87	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BARCLAY DAMON LLP			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026	
Mailing Address 125 E JEFFERSON ST			FEC Identification Number C	
City SYRACUSE	State NY	Zip Code 13202-2020	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : BDD30C92A94434236988	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. HOFFMAN, DONALD, L., ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026	
Mailing Address 4230 UNION RD			FEC Identification Number C	
City CHEEKTOWAGA	State NY	Zip Code 14225-5044	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : B94C988D1F591480186D	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

Full Name (Last, First, Middle Initial) C. KIMBELL, JEFFREY, , ,			Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2026	
Mailing Address 950 AERIE DRIVE			FEC Identification Number C	
City PARK CITY	State UT	Zip Code 84060-8846	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Category/ Type 010	Transaction ID : B07B63B5668034512A7F	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input 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: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 87	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MYCHAJLIW, STEFAN, , ,		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2026
Mailing Address 950 RICE RD		FEC Identification Number C
City ELMA	State NY	Zip Code 14059-9583
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		010
Candidate Name		Amount of Each Disbursement this Period 500.00
Office Sought: <input 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) ▼	Transaction ID : BEE81C4992CB848E7995
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	4000.00

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)		PAGE 87 OF 87	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LANGWORTHY FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BUILDING SPRINGVILLE STRONGER			Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 565 NORTH ST			FEC Identification Number C
City SPRINGVILLE	State NY	Zip Code 14141-8903	Amount of Each Disbursement this Period 500.00
Purpose of Disbursement DONATION		Category/ Type 012	Transaction ID : B9B58EF54686844098AD
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) B. NIAGARA COUNTY CONSERVATIVE PARTY			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2026
Mailing Address 910 HILLSIDE DR			FEC Identification Number C
City LEWISTON	State NY	Zip Code 14092-1826	Amount of Each Disbursement this Period 300.00
Purpose of Disbursement POLITICAL CONTRIBUTION		Category/ Type 011	Transaction ID : B711EE1A2B8444213AD5
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			FEC Identification Number C
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	800.00