

FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

PIM BRANDS INC. EMPLOYEE POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

ONE PIM PLAZA

Check if different
than previously
reported. (ACC)

PARK RIDGE

NJ

07656

-

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00803676

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input checked="" type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

5. Covering Period

M M / D D / Y Y Y Y

01

M M / D D / Y Y Y Y

01

M M / D D / Y Y Y Y

2026

through

M M / D D / Y Y Y Y

01

M M / D D / Y Y Y Y

31

M M / D D / Y Y Y Y

2026

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

Type or Print Name of Treasurer

TUBER, JASON, , ,

Signature of Treasurer

TUBER, JASON, , ,

Date

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

02

13

2026

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

Office
Use
OnlyFEC FORM 3X
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

PIM BRANDS INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M M
01D D
01Y Y Y Y Y
2026

To:

M M
01D D
31Y Y Y Y Y
2026**COLUMN A**
This Period**COLUMN B**
Calendar Year-to-Date

6. (a) Cash on Hand January 1,	Y Y Y Y Y 2026	51294.02
(b) Cash on Hand at Beginning of Reporting Period.....	51294.02	
(c) Total Receipts (from Line 19)	3020.96	3020.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	54314.98	54314.98
7. Total Disbursements (from Line 31).....	1527.69	1527.69
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	52787.29	52787.29
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	



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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

PIM BRANDS INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M M
01D D
01Y Y Y Y Y
2026

To:

M M
01D D
31Y Y Y Y
2026

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1083.32	1083.32
(ii) Unitemized	1937.64	1937.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....►	3020.96	3020.96
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3020.96	3020.96
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	3020.96	3020.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3020.96	3020.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	27.69	27.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	27.69	27.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1527.69	1527.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1527.69	1527.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3020.96	3020.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3020.96	3020.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	27.69	27.69
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	27.69	27.69

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 9

(check only one)

11a 11b 11c 12
13 14 15 16 17

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

NAME OF COMMITTEE (In Full)

PIM BRANDS INC. EMPLOYEE POLITICAL ACTION COMMITTEE

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

A. SCUDILLO, JEFF, , ,

Mailing Address 1412 ALPS RD.

City WAYNE	State NJ	Zip Code 07470
---------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PIM BRANDS, INC.

Occupation (for Individual)

VP SPECIAL MARKETS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M 01 / D D 14 / Y Y Y Y Y 2026

Transaction ID : B000151S000017L11A1

Amount of Each Receipt this Period

125.00

Memo Item

PAYROLL DEDUCTION

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

B. SCUDILLO, JEFF, , ,

Mailing Address 1412 ALPS RD.

City WAYNE	State NJ	Zip Code 07470
---------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PIM BRANDS, INC.

Occupation (for Individual)

VP SPECIAL MARKETS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M 01 / D D 28 / Y Y Y Y Y 2026

Transaction ID : B000153S000018L11A1

Amount of Each Receipt this Period

125.00

Memo Item

PAYROLL DEDUCTION

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

C. TUBER, JASON, , ,

Mailing Address 513 E ST. NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

PIM BRANDS, INC.

Occupation (for Individual)

SVP GOVERNMENT AFFAIRS

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

833.32

Date of Receipt

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

Transaction ID : B000149S000001L11A1

Amount of Each Receipt this Period

208.33

Memo Item

PAYROLL DEDUCTION

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

458.33

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

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 9

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
13	14	15	16
		17	

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NAME OF COMMITTEE (In Full)

PIM BRANDS INC. EMPLOYEE POLITICAL ACTION COMMITTEE

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

A. TUBER, JASON, , ,

Mailing Address 513 E ST. NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 01	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : B000149S000002L11A1

Amount of Each Receipt this Period

208.33

Memo Item

PAYROLL DEDUCTION

Name of Employer (for Individual) PIM BRANDS, INC.	Occupation (for Individual) SVP GOVERNMENT AFFAIRS
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

833.32

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

B. TUBER, JASON, , ,

Mailing Address 513 E ST. NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 14	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : B000151S000020L11A1

Amount of Each Receipt this Period

208.33

Memo Item

PAYROLL DEDUCTION

Name of Employer (for Individual) PIM BRANDS, INC.	Occupation (for Individual) SVP GOVERNMENT AFFAIRS
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

833.32

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

C. TUBER, JASON, , ,

Mailing Address 513 E ST. NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M M 01	/	D D 28	/	Y Y Y Y 2026
-----------	---	-----------	---	-----------------

Transaction ID : B000153S000021L11A1

Amount of Each Receipt this Period

208.33

Memo Item

PAYROLL DEDUCTION

Name of Employer (for Individual) PIM BRANDS, INC.	Occupation (for Individual) SVP GOVERNMENT AFFAIRS
---	---

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

833.32

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

624.99

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

1083.32

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

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

PAGE 8 OF 9

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NAME OF COMMITTEE (In Full)

PIM BRANDS INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PNC BANKMailing Address TWO TOWER CENTER BLVD
17TH FLOOR

City EAST BRUNSWICK State NJ Zip Code 08816

Purpose of Disbursement

JANUARY 2026 BANK SERVICE CHARGE

001

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

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 30 2026

FEC Identification Number

C

Transaction ID : B000154S000

Amount of Each Disbursement this Period

27.69

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

27.69

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

27.69

Memo Item

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

27.69

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

27.69

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 9 OF 9

 21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

PIM BRANDS INC. EMPLOYEE POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GALLEGO VICTORY FUND

Mailing Address 600 PENNSYLVANIA AVENUE, # 15180

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

2026 PRIMARY ELECTION

Candidate Name

GALLEGO, RUBEN, , ,

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

State: AZ District:

Date of Disbursement

 M M / D D / Y Y Y Y Y Y
 01 09 2026

FEC Identification Number

 C C00848317

Transaction ID : B000150S000

Amount of Each Disbursement this Period

 1500.00
 Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

 C

Amount of Each Disbursement this Period

 Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

 C

Amount of Each Disbursement this Period

 Memo Item

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

1500.00

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

1500.00