

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Fed

Report Covering the Period: From: 01 / 01 / 2026 To: 03 / 31 / 2026

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2026 (2572111.98); (b) Cash on Hand at Beginning of Reporting Period (2572111.98); (c) Total Receipts (from Line 19) (261609.68); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (2833721.66); 7. Total Disbursements (from Line 31) (17650.00); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (2816071.66); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Fed

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	56916.74	56916.74
(ii) Unitemized	204607.20	204607.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	261523.94	261523.94
(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)	261523.94	261523.94
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.).....	85.74	85.74
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)).....▶	261609.68	261609.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	261609.68	261609.68

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	150.00	150.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	150.00	150.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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).....	500.00	500.00
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	17000.00	17000.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	17000.00	17000.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17650.00	17650.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17650.00	17650.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	261523.94	261523.94
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	261523.94	261523.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	150.00	150.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	150.00	150.00

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 167
(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)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ALLEN, ERIN, K, ,

Mailing Address 1682 Elizabeth Dr

City Parker State CO Zip Code 80138-4704

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026
Transaction ID : 27777655

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ALLEN, ERIN, K, ,

Mailing Address 1682 Elizabeth Dr

City Parker State CO Zip Code 80138-4704

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026
Transaction ID : 27777713

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ALLEN, ERIN, K, ,

Mailing Address 1682 Elizabeth Dr

City Parker State CO Zip Code 80138-4704

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026
Transaction ID : 27777714

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. ALLEN, ERIN, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1682 Elizabeth Dr
 City Parker State CO Zip Code 80138-4704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28149774
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. ALLEN, JACOB, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5380 Whitman Rd
 City Hidden Hills State CA Zip Code 91302-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777751
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. ALLEN, JACOB, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5380 Whitman Rd
 City Hidden Hills State CA Zip Code 91302-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777784
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. ALLEN, JACOB, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5380 Whitman Rd
 City Hidden Hills State CA Zip Code 91302-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777813
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. ALLEN, JACOB, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5380 Whitman Rd
 City Hidden Hills State CA Zip Code 91302-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28149775
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. ALLEN, JACOB, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5380 Whitman Rd
 City Hidden Hills State CA Zip Code 91302-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28154311
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. ALLEN, JACOB, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5380 Whitman Rd
 City Hidden Hills State CA Zip Code 91302-1178
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28158871
 Amount of Each Receipt this Period 50.00
 Memo Item

B. ALTIG JR, RICK, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10025 111th Ave NE
 City Kirkland State WA Zip Code 98033-5138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 416.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777597
 Amount of Each Receipt this Period 416.00
 Memo Item

C. ALTIG JR, RICK, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10025 111th Ave NE
 City Kirkland State WA Zip Code 98033-5138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28149789
 Amount of Each Receipt this Period 416.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	882.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. ALTIG JR, RICK, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10025 111th Ave NE
 City Kirkland State WA Zip Code 98033-5138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28154329
 Amount of Each Receipt this Period
 416.00
 Memo Item

B. ALTIG JR, RICK, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10025 111th Ave NE
 City Kirkland State WA Zip Code 98033-5138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28158889
 Amount of Each Receipt this Period
 416.00
 Memo Item

C. ALTIG, RICHARD, JR, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10025 111th Ave NE
 City Kirkland State WA Zip Code 98033-5138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 832.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777598
 Amount of Each Receipt this Period
 416.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1248.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 11 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ALTIG, RICHARD, JR, ,

Mailing Address 10025 111th Ave NE

City Kirkland State WA Zip Code 98033-5138

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 832.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777599

Amount of Each Receipt this Period
 416.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ARIAS, SIMON, A, ,

Mailing Address 103 Indian Meadow Dr

City Mars State PA Zip Code 16046-5103

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777600

Amount of Each Receipt this Period
 400.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ARIAS, SIMON, A, ,

Mailing Address 103 Indian Meadow Dr

City Mars State PA Zip Code 16046-5103

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777602

Amount of Each Receipt this Period
 400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1216.00

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

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

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

FOR LINE NUMBER: PAGE 12 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ARIAS, SIMON, A, ,

Mailing Address 103 Indian Meadow Dr

City Mars State PA Zip Code 16046-5103

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777603

Amount of Each Receipt this Period
 400.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ARIAS, SIMON, A, ,

Mailing Address 103 Indian Meadow Dr

City Mars State PA Zip Code 16046-5103

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2400.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28149854

Amount of Each Receipt this Period
 400.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ARIAS, SIMON, A, ,

Mailing Address 103 Indian Meadow Dr

City Mars State PA Zip Code 16046-5103

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2400.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28154394

Amount of Each Receipt this Period
 400.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1200.00

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

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

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

FOR LINE NUMBER: PAGE 13 OF 167
(check only one)

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

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ARIAS, SIMON, A, ,

Mailing Address 103 Indian Meadow Dr

City Mars	State PA	Zip Code 16046-5103
--------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026

Transaction ID : 28158962

Amount of Each Receipt this Period
400.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ARONY, MALKA, I, ,

Mailing Address 32639 N 40th PI

City Cave Creek	State AZ	Zip Code 85331-5078
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) PR
--	-----------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 2777752

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ARONY, MALKA, I, ,

Mailing Address 32639 N 40th PI

City Cave Creek	State AZ	Zip Code 85331-5078
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) PR
--	-----------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 2777785

Amount of Each Receipt this Period
50.00

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 14 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ARONY, MALKA, I, ,
 Mailing Address 32639 N 40th PI
 City Cave Creek State AZ Zip Code 85331-5078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) PR
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777814
 Amount of Each Receipt this Period
 50.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ARONY, MALKA, I, ,
 Mailing Address 32639 N 40th PI
 City Cave Creek State AZ Zip Code 85331-5078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) PR
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28149864
 Amount of Each Receipt this Period
 50.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. ARONY, MALKA, I, ,
 Mailing Address 32639 N 40th PI
 City Cave Creek State AZ Zip Code 85331-5078
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) PR
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28154404
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ARONY, MALKA, I, ,

Mailing Address 32639 N 40th PI

City Cave Creek State AZ Zip Code 85331-5078

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28158972

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BAXTER, MICHELLE, M, ,

Mailing Address 2325 S German Church Rd

City Indianapolis State IN Zip Code 46239-9620

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

Name of Employer (for Individual) GLOBE LIFE Occupation (for Individual) PR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777848

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BAXTER, MICHELLE, M, ,

Mailing Address 2325 S German Church Rd

City Indianapolis State IN Zip Code 46239-9620

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

Name of Employer (for Individual) GLOBE LIFE Occupation (for Individual) PR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777849

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 16 OF 167
(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)
Fed

A. BAXTER, MICHELLE, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2325 S German Church Rd
 City Indianapolis State IN Zip Code 46239-9620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GLOBE LIFE Occupation (for Individual) PR
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777850
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. BAXTER, MICHELLE, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2325 S German Church Rd
 City Indianapolis State IN Zip Code 46239-9620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GLOBE LIFE Occupation (for Individual) PR
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28163808
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. BAXTER, MICHELLE, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2325 S German Church Rd
 City Indianapolis State IN Zip Code 46239-9620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GLOBE LIFE Occupation (for Individual) PR
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28163836
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 17 OF 167
(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)
Fed

A. BAXTER, MICHELLE, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2325 S German Church Rd
 City Indianapolis State IN Zip Code 46239-9620
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) GLOBE LIFE Occupation (for Individual) PR
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28163864
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. BECKFORD, MARK, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Coopers Nursery Rd
 City Elgin State SC Zip Code 29045-8117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777656
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. BECKFORD, MARK, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Coopers Nursery Rd
 City Elgin State SC Zip Code 29045-8117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777685
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. BECKFORD, MARK, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Coopers Nursery Rd
 City Elgin State SC Zip Code 29045-8117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777715
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. BECKFORD, MARK, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Coopers Nursery Rd
 City Elgin State SC Zip Code 29045-8117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28149976
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. BECKFORD, MARK, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Coopers Nursery Rd
 City Elgin State SC Zip Code 29045-8117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28154524
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 19 OF 167
(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)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. BECKFORD, MARK, B, ,
 Mailing Address 108 Coopers Nursery Rd
 City Elgin State SC Zip Code 29045-8117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28159084
 Amount of Each Receipt this Period
 100.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. BISANZ, RYAN, C, ,
 Mailing Address 19 Pennbrook Ln
 City Glen Mills State PA Zip Code 19342-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777657
 Amount of Each Receipt this Period
 100.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. BISANZ, RYAN, C, ,
 Mailing Address 19 Pennbrook Ln
 City Glen Mills State PA Zip Code 19342-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777686
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 20 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. BISANZ, RYAN, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Pennbrook Ln
 City Glen Mills State PA Zip Code 19342-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777716
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. BISANZ, RYAN, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Pennbrook Ln
 City Glen Mills State PA Zip Code 19342-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28150048
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. BISANZ, RYAN, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Pennbrook Ln
 City Glen Mills State PA Zip Code 19342-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28154597
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

300.00

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

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

FOR LINE NUMBER: PAGE 21 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. BISANZ, RYAN, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Pennbrook Ln
 City Glen Mills State PA Zip Code 19342-1663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28159149
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. BITMAN, YAROSLAV, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4704 Saratoga Falls Ln
 City Raleigh State NC Zip Code 27614-8357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777658
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. BITMAN, YAROSLAV, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4704 Saratoga Falls Ln
 City Raleigh State NC Zip Code 27614-8357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777687
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. BITMAN, YAROSLAV, , ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026
Mailing Address 4704 Saratoga Falls Ln		Transaction ID : 27777717
City Raleigh	State NC	Zip Code 27614-8357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	<input type="checkbox"/> Memo Item
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BITMAN, YAROSLAV, , ,		Date of Receipt MM / DD / YYYY 03 / 25 / 2026
Mailing Address 4704 Saratoga Falls Ln		Transaction ID : 28150057
City Raleigh	State NC	Zip Code 27614-8357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	<input type="checkbox"/> Memo Item
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. BITMAN, YAROSLAV, , ,		Date of Receipt MM / DD / YYYY 03 / 25 / 2026
Mailing Address 4704 Saratoga Falls Ln		Transaction ID : 28154604
City Raleigh	State NC	Zip Code 27614-8357
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	<input type="checkbox"/> Memo Item
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. BITMAN, YAROSLAV, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4704 Saratoga Falls Ln
 City Raleigh State NC Zip Code 27614-8357
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28159156
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. CARVAJAL, JOSE, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10607 Bluestone Crk
 City San Antonio State TX Zip Code 78254-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777616
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. CARVAJAL, JOSE, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10607 Bluestone Crk
 City San Antonio State TX Zip Code 78254-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777618
 Amount of Each Receipt this Period
 250.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 24 OF 167
(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)
Fed

A. CARVAJAL, JOSE, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10607 Bluestone Crk
 City San Antonio State TX Zip Code 78254-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777620
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. CARVAJAL, JOSE, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10607 Bluestone Crk
 City San Antonio State TX Zip Code 78254-6702
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28150349
 Amount of Each Receipt this Period
 250.00
 Memo Item

C. CATALANO, DENIS, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 628 Hyman Dr
 City Jefferson State LA Zip Code 70121-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777756
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. CATALANO, DENIS, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 628 Hyman Dr
 City Jefferson State LA Zip Code 70121-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777788
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. CATALANO, DENIS, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 628 Hyman Dr
 City Jefferson State LA Zip Code 70121-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777818
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. CATALANO, DENIS, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 628 Hyman Dr
 City Jefferson State LA Zip Code 70121-1720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28150374
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 167
(check only one)

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

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NAME OF COMMITTEE (In Full)
Fed

A. CATALANO, DENIS, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 628 Hyman Dr

City Jefferson	State LA	Zip Code 70121-1720
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28154908

Amount of Each Receipt this Period
50.00

Memo Item

B. CLARK, TIMOTHY, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32167 Hamilton Ct
Apt A102

City Solon	State OH	Zip Code 44139-4886
---------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026

Transaction ID : 2777879

Amount of Each Receipt this Period
30.00

Memo Item

C. CLARK, TIMOTHY, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 32167 Hamilton Ct
Apt A102

City Solon	State OH	Zip Code 44139-4886
---------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026

Transaction ID : 2777880

Amount of Each Receipt this Period
30.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 27 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. CLARK, TIMOTHY, D, ,			Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 27777918		
Mailing Address 32167 Hamilton Ct Apt A102			Amount of Each Receipt this Period 30.00		
City Solon	State OH	Zip Code 44139-4886	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) AIL		Occupation (for Individual) AGENT			
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 120.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. CLARK, TIMOTHY, D, ,			Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 27777954		
Mailing Address 32167 Hamilton Ct Apt A102			Amount of Each Receipt this Period 30.00		
City Solon	State OH	Zip Code 44139-4886	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) AIL		Occupation (for Individual) AGENT			
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 120.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. CLARK, TIMOTHY, D, ,			Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : 28150453		
Mailing Address 32167 Hamilton Ct Apt A102			Amount of Each Receipt this Period 30.00		
City Solon	State OH	Zip Code 44139-4886	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) AIL		Occupation (for Individual) AGENT			
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

SUBTOTAL of Receipts This Page (optional).....▶	90.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fed

A. CLARK, TIMOTHY, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32167 Hamilton Ct
 Apt A102
 City Solon State OH Zip Code 44139-4886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28154979
 Amount of Each Receipt this Period
 30.00
 Memo Item

B. CLARK, TIMOTHY, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 32167 Hamilton Ct
 Apt A102
 City Solon State OH Zip Code 44139-4886
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28159515
 Amount of Each Receipt this Period
 30.00
 Memo Item

C. COHEN, MICAH, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5670 Wilshire Blvd
 Ste 1780
 City Los Angeles State CA Zip Code 90036-5605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777646
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COHEN, MICAH, A, ,

Mailing Address 5670 Wilshire Blvd
Ste 1780

City Los Angeles State CA Zip Code 90036-5605

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 27777648

Amount of Each Receipt this Period
150.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COHEN, MICAH, A, ,

Mailing Address 5670 Wilshire Blvd
Ste 1780

City Los Angeles State CA Zip Code 90036-5605

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 27777650

Amount of Each Receipt this Period
150.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COHEN, MICAH, A, ,

Mailing Address 5670 Wilshire Blvd
Ste 1780

City Los Angeles State CA Zip Code 90036-5605

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026

Transaction ID : 28150479

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. COHEN, MICAH, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5670 Wilshire Blvd
 Ste 1780
 City Los Angeles State CA Zip Code 90036-5605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28155003
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. COHEN, MICAH, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5670 Wilshire Blvd
 Ste 1780
 City Los Angeles State CA Zip Code 90036-5605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28159537
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. COOK, RANDALL, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 Robertson Ln
 City Danville State VA Zip Code 24540-6079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777659
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 31 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. COOK, RANDALL, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 Robertson Ln
 City Danville State VA Zip Code 24540-6079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777688
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. COOK, RANDALL, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 Robertson Ln
 City Danville State VA Zip Code 24540-6079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777718
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. COOK, RANDALL, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 Robertson Ln
 City Danville State VA Zip Code 24540-6079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28150533
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 32 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. COOK, RANDALL, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 Robertson Ln
 City Danville State VA Zip Code 24540-6079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28155051
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. COOK, RANDALL, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 730 Robertson Ln
 City Danville State VA Zip Code 24540-6079
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28159585
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. DEFIORE, CARA, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Manchester Rd
 City South Beloit State IL Zip Code 61080-9608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777855
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 33 OF 167
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fed

A. DEFIORE, CARA, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Manchester Rd
 City South Beloit State IL Zip Code 61080-9608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777858
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. DEFIORE, CARA, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Manchester Rd
 City South Beloit State IL Zip Code 61080-9608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777859
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. DEFIORE, CARA, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Manchester Rd
 City South Beloit State IL Zip Code 61080-9608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28150671
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 34 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. DEFIORE, CARA, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Manchester Rd
 City South Beloit State IL Zip Code 61080-9608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28155178
 Amount of Each Receipt this Period
 40.00
 Memo Item

B. DEFIORE, CARA, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 44 Manchester Rd
 City South Beloit State IL Zip Code 61080-9608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28159705
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. DELEY, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10151 Georgia Ave N
 City Brooklyn Park State MN Zip Code 55445-2670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777660
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 180.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 35 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. DELEY, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10151 Georgia Ave N
 City Brooklyn Park State MN Zip Code 55445-2670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777689
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. DELEY, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10151 Georgia Ave N
 City Brooklyn Park State MN Zip Code 55445-2670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777719
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. DELEY, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10151 Georgia Ave N
 City Brooklyn Park State MN Zip Code 55445-2670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28150693
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 36 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. DELEY, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10151 Georgia Ave N
 City Brooklyn Park State MN Zip Code 55445-2670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28155197
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. DELEY, CHAD, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10151 Georgia Ave N
 City Brooklyn Park State MN Zip Code 55445-2670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28159720
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. DIMITROVA, DESI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2286 Sloan Dr
 City La Verne State CA Zip Code 91750-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777630
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 37 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. DIMITROVA, DESI, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2286 Sloan Dr
 City La Verne State CA Zip Code 91750-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777638
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. DIMITROVA, DESISLAVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2286 Sloan Dr
 City La Verne State CA Zip Code 91750-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777622
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. DIMITROVA, DESISLAVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2286 Sloan Dr
 City La Verne State CA Zip Code 91750-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28150741
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Fed

A. DIMITROVA, DESISLAVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2286 Sloan Dr
 City La Verne State CA Zip Code 91750-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28155246
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. DIMITROVA, DESISLAVA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2286 Sloan Dr
 City La Verne State CA Zip Code 91750-1350
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28159771
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. DRAW, MONIQUE, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2940 W Cobalt Dr
 Unit B131
 City Meridian State ID Zip Code 83642-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777757
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. DRAW, MONIQUE, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2940 W Cobalt Dr
 Unit B131
 City Meridian State ID Zip Code 83642-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777790
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. DRAW, MONIQUE, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2940 W Cobalt Dr
 Unit B131
 City Meridian State ID Zip Code 83642-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777820
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. DRAW, MONIQUE, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2940 W Cobalt Dr
 Unit B131
 City Meridian State ID Zip Code 83642-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28150789
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 40 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. DRAW, MONIQUE, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2940 W Cobalt Dr
 Unit B131
 City Meridian State ID Zip Code 83642-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28155289
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. DRAW, MONIQUE, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2940 W Cobalt Dr
 Unit B131
 City Meridian State ID Zip Code 83642-5819
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28159813
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. FELDMANN, GABRIEL, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4633 Bradley Dr
 City Pace State FL Zip Code 32571-8718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777661
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 41 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. FELDMANN, GABRIEL, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4633 Bradley Dr
 City Pace State FL Zip Code 32571-8718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777690
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. FELDMANN, GABRIEL, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4633 Bradley Dr
 City Pace State FL Zip Code 32571-8718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777720
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. FELDMANN, GABRIEL, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4633 Bradley Dr
 City Pace State FL Zip Code 32571-8718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28150944
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. FELDMANN, GABRIEL, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4633 Bradley Dr
 City Pace State FL Zip Code 32571-8718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28155457
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. FELDMANN, GABRIEL, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4633 Bradley Dr
 City Pace State FL Zip Code 32571-8718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28159976
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. FISHER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Brookmill Rd
 City Stow State MA Zip Code 01775-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777623
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. FISHER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Brookmill Rd
 City Stow State MA Zip Code 01775-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777631
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. FISHER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Brookmill Rd
 City Stow State MA Zip Code 01775-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777639
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. FISHER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Brookmill Rd
 City Stow State MA Zip Code 01775-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28150996
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 44 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. FISHER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Brookmill Rd
 City Stow State MA Zip Code 01775-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28155508
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. FISHER, LAURA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Brookmill Rd
 City Stow State MA Zip Code 01775-1300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28160020
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. FUNG, ROGER, X, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 Seagate Way
 City Belmont State CA Zip Code 94002-2558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777662
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 45 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. FUNG, ROGER, X, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 Seagate Way
 City Belmont State CA Zip Code 94002-2558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777691
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. FUNG, ROGER, X, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 Seagate Way
 City Belmont State CA Zip Code 94002-2558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777721
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. FUNG, ROGER, X, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 Seagate Way
 City Belmont State CA Zip Code 94002-2558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28151083
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 46 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. FUNG, ROGER, X, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 Seagate Way
 City Belmont State CA Zip Code 94002-2558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28155603
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. FUNG, ROGER, X, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 525 Seagate Way
 City Belmont State CA Zip Code 94002-2558
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28160109
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. FURER, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13500 Summit Cir
 City Poway State CA Zip Code 92064-2170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777604
 Amount of Each Receipt this Period
 300.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 47 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. FURER, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13500 Summit Cir
 City Poway State CA Zip Code 92064-2170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777608
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. FURER, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13500 Summit Cir
 City Poway State CA Zip Code 92064-2170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777612
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. FURER, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13500 Summit Cir
 City Poway State CA Zip Code 92064-2170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28151084
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. FURER, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13500 Summit Cir
 City Poway State CA Zip Code 92064-2170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28155604
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. FURER, CINDY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13500 Summit Cir
 City Poway State CA Zip Code 92064-2170
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28160110
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. GIGLIONE, ERIC, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 197 Rumson Rd
 City Rumson State NJ Zip Code 07760-1053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777601
 Amount of Each Receipt this Period
 400.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. GRAHAM, GREGORY, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 Lori Ann Ct
 City Lebanon State PA Zip Code 17042-9575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777663
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. GRAHAM, GREGORY, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 Lori Ann Ct
 City Lebanon State PA Zip Code 17042-9575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777692
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. GRAHAM, GREGORY, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 425 Lori Ann Ct
 City Lebanon State PA Zip Code 17042-9575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777722
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 50 OF 167
(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)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. GRAHAM, GREGORY, L, ,

Mailing Address 425 Lori Ann Ct

City Lebanon State PA Zip Code 17042-9575

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28151245

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. GRAHAM, GREGORY, L, ,

Mailing Address 425 Lori Ann Ct

City Lebanon State PA Zip Code 17042-9575

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28155775

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. GRAHAM, GREGORY, L, ,

Mailing Address 425 Lori Ann Ct

City Lebanon State PA Zip Code 17042-9575

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28160260

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. GRYSKA, BRETT, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7650 Pine Tree Dr
 City Victor State NY Zip Code 14564-8992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777743
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. GRYSKA, BRETT, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7650 Pine Tree Dr
 City Victor State NY Zip Code 14564-8992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777744
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. GRYSKA, BRETT, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7650 Pine Tree Dr
 City Victor State NY Zip Code 14564-8992
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777745
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRYSKA, BRETT, T, ,

Mailing Address 7650 Pine Tree Dr

City Victor	State NY	Zip Code 14564-8992
----------------	-------------	------------------------

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

Name of Employer (for Individual) NIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28163228

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRYSKA, BRETT, T, ,

Mailing Address 7650 Pine Tree Dr

City Victor	State NY	Zip Code 14564-8992
----------------	-------------	------------------------

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

Name of Employer (for Individual) NIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28163456

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRYSKA, BRETT, T, ,

Mailing Address 7650 Pine Tree Dr

City Victor	State NY	Zip Code 14564-8992
----------------	-------------	------------------------

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

Name of Employer (for Individual) NIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28163673

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. Gutierrez, Gabriela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 Smokewood Pl
 City Escondido State CA Zip Code 92026-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Environ Spec SD
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2026
Transaction ID : 27857118
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Gutierrez, Gabriela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 Smokewood Pl
 City Escondido State CA Zip Code 92026-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Environ Spec SD
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2026
Transaction ID : 27857119
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Gutierrez, Gabriela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 Smokewood Pl
 City Escondido State CA Zip Code 92026-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Environ Spec SD
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2026
Transaction ID : 27857120
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 54 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. Gutierrez, Gabriela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 Smokewood Pl
 City Escondido State CA Zip Code 92026-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Environ Spec SD
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2026
Transaction ID : 27980004
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. Gutierrez, Gabriela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 Smokewood Pl
 City Escondido State CA Zip Code 92026-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Environ Spec SD
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2026
Transaction ID : 27980005
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. Gutierrez, Gabriela, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2423 Smokewood Pl
 City Escondido State CA Zip Code 92026-4009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Environ Spec SD
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2026
Transaction ID : 28116955
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 55 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Gutierrez, Gabriela, , ,

Mailing Address 2423 Smokewood Pl

City Escondido State CA Zip Code 92026-4009

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

Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Environ Spec SD

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2026
Transaction ID : 28116956

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HARRIS, IPERFECTION, , ,

Mailing Address 4400 River Green Pkwy Ste 140

City Duluth State GA Zip Code 30096-2538

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777624

Amount of Each Receipt this Period
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HARRIS, IPERFECTION, , ,

Mailing Address 4400 River Green Pkwy Ste 140

City Duluth State GA Zip Code 30096-2538

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777632

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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

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

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

FOR LINE NUMBER: PAGE 56 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. HARRIS, IPERFECTION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4400 River Green Pkwy
 Ste 140
 City Duluth State GA Zip Code 30096-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777640
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. HARRIS, IPERFECTION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4400 River Green Pkwy
 Ste 140
 City Duluth State GA Zip Code 30096-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28151393
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. HARRIS, IPERFECTION, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4400 River Green Pkwy
 Ste 140
 City Duluth State GA Zip Code 30096-2538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28155931
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HARRIS, IPERFECTION, , ,		Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : 28160407
Mailing Address 4400 River Green Pkwy Ste 140		Amount of Each Receipt this Period 200.00
City Duluth	State GA	Zip Code 30096-2538
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HART, MATHEW, R, ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 2777664
Mailing Address 8843 Ranch Rd		Amount of Each Receipt this Period 100.00
City Tracy	State CA	Zip Code 95304-8116
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HART, MATHEW, R, ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 2777693
Mailing Address 8843 Ranch Rd		Amount of Each Receipt this Period 100.00
City Tracy	State CA	Zip Code 95304-8116
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HART, MATHEW, R, ,

Mailing Address 8843 Ranch Rd

City Tracy State CA Zip Code 95304-8116

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777723

Amount of Each Receipt this Period
 100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HART, MATHEW, R, ,

Mailing Address 8843 Ranch Rd

City Tracy State CA Zip Code 95304-8116

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28151405

Amount of Each Receipt this Period
 100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HART, MATHEW, R, ,

Mailing Address 8843 Ranch Rd

City Tracy State CA Zip Code 95304-8116

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28155943

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HART, MATHEW, R, ,

Mailing Address 8843 Ranch Rd

City Tracy	State CA	Zip Code 95304-8116
---------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28160419

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HARTWIG, DANIEL, J, ,

Mailing Address 3079 Zoe Ct

City Galena	State OH	Zip Code 43021-7032
----------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777665

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HARTWIG, DANIEL, J, ,

Mailing Address 3079 Zoe Ct

City Galena	State OH	Zip Code 43021-7032
----------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777694

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARTWIG, DANIEL, J, ,

Mailing Address 3079 Zoe Ct

City Galena	State OH	Zip Code 43021-7032
----------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026

Transaction ID : 2777724

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARTWIG, DANIEL, J, ,

Mailing Address 3079 Zoe Ct

City Galena	State OH	Zip Code 43021-7032
----------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28151411

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HARTWIG, DANIEL, J, ,

Mailing Address 3079 Zoe Ct

City Galena	State OH	Zip Code 43021-7032
----------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28155949

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HARTWIG, DANIEL, J, ,		Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : 28160425
Mailing Address 3079 Zoe Ct		Amount of Each Receipt this Period 100.00
City Galena	State OH	<input type="checkbox"/> Memo Item
Zip Code 43021-7032	FEC ID number of contributing federal political committee. C	
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HAWTHORNE, ANDRE, A, ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 2777763
Mailing Address 20313 Backcourse Ln		Amount of Each Receipt this Period 50.00
City Cornelius	State NC	<input type="checkbox"/> Memo Item
Zip Code 28031-6028	FEC ID number of contributing federal political committee. C	
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HAWTHORNE, ANDRE, A, ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 2777794
Mailing Address 20313 Backcourse Ln		Amount of Each Receipt this Period 50.00
City Cornelius	State NC	<input type="checkbox"/> Memo Item
Zip Code 28031-6028	FEC ID number of contributing federal political committee. C	
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

SUBTOTAL of Receipts This Page (optional).....▶	200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAWTHORNE, ANDRE, A, ,

Mailing Address 20313 Backcourse Ln

City Cornelius State NC Zip Code 28031-6028

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 2777824

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAWTHORNE, ANDRE, A, ,

Mailing Address 20313 Backcourse Ln

City Cornelius State NC Zip Code 28031-6028

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026

Transaction ID : 28151426

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HAWTHORNE, ANDRE, A, ,

Mailing Address 20313 Backcourse Ln

City Cornelius State NC Zip Code 28031-6028

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026

Transaction ID : 28155965

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 63 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. HAWTHORNE, ANDRE, A, ,

Mailing Address 20313 Backcourse Ln

City Cornelius State NC Zip Code 28031-6028

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28160439

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. HAY, ROB, , ,

Mailing Address 304 7th Ave W

City Kirkland State WA Zip Code 98033-5322

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777617

Amount of Each Receipt this Period
250.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. HAY, ROB, , ,

Mailing Address 304 7th Ave W

City Kirkland State WA Zip Code 98033-5322

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777619

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HAY, ROB, , ,			Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 2777621
Mailing Address 304 7th Ave W			Amount of Each Receipt this Period 250.00
City Kirkland	State WA	Zip Code 98033-5322	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL		Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HAY, ROB, , ,			Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : 28151428
Mailing Address 304 7th Ave W			Amount of Each Receipt this Period 250.00
City Kirkland	State WA	Zip Code 98033-5322	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL		Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HAY, ROB, , ,			Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : 28155967
Mailing Address 304 7th Ave W			Amount of Each Receipt this Period 250.00
City Kirkland	State WA	Zip Code 98033-5322	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL		Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00		

SUBTOTAL of Receipts This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 65 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. HAY, ROB, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 304 7th Ave W
 City Kirkland State WA Zip Code 98033-5322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28160441
 Amount of Each Receipt this Period
 250.00
 Memo Item

B. HENDERSON, MATT, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17008 Tradewind Pt
 City Winter Garden State FL Zip Code 34787-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777605
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. HENDERSON, MATT, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17008 Tradewind Pt
 City Winter Garden State FL Zip Code 34787-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777609
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 66 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. HENDERSON, MATT, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17008 Tradewind Pt
 City Winter Garden State FL Zip Code 34787-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777613
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. HENDERSON, MATT, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17008 Tradewind Pt
 City Winter Garden State FL Zip Code 34787-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28151452
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. HENDERSON, MATT, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17008 Tradewind Pt
 City Winter Garden State FL Zip Code 34787-3256
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28155994
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. HENDERSON, MATT, M, ,		Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : 28160465
Mailing Address 17008 Tradewind Pt		Amount of Each Receipt this Period 300.00
City Winter Garden	State FL	Zip Code 34787-3256
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. HILL, JAMES, B, ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 2777666
Mailing Address 411 8th Ave W		Amount of Each Receipt this Period 100.00
City Kirkland	State WA	Zip Code 98033-5318
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. HILL, JAMES, B, ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 2777695
Mailing Address 411 8th Ave W		Amount of Each Receipt this Period 100.00
City Kirkland	State WA	Zip Code 98033-5318
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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

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

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

FOR LINE NUMBER: PAGE 68 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, JAMES, B, ,
Mailing Address 411 8th Ave W
City Kirkland State WA Zip Code 98033-5318
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
Receipt For: 2026
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026
Transaction ID : 2777725
Amount of Each Receipt this Period
100.00
 Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, JAMES, B, ,
Mailing Address 411 8th Ave W
City Kirkland State WA Zip Code 98033-5318
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
Receipt For: 2026
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026
Transaction ID : 2815153
Amount of Each Receipt this Period
100.00
 Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HILL, JAMES, B, ,
Mailing Address 411 8th Ave W
City Kirkland State WA Zip Code 98033-5318
FEC ID number of contributing federal political committee. **C**
Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
Receipt For: 2026
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026
Transaction ID : 28156052
Amount of Each Receipt this Period
100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. HILL, JAMES, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 8th Ave W
 City Kirkland State WA Zip Code 98033-5318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28160522
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. HOLTZ, KEVIN, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 N Bexley Dr
 City Strongsville State OH Zip Code 44136-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777667
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. HOLTZ, KEVIN, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 N Bexley Dr
 City Strongsville State OH Zip Code 44136-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777696
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 70 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLTZ, KEVIN, M, ,

Mailing Address 9541 N Bexley Dr

City Strongsville State OH Zip Code 44136-2556

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777726

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLTZ, KEVIN, M, ,

Mailing Address 9541 N Bexley Dr

City Strongsville State OH Zip Code 44136-2556

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28151560

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLTZ, KEVIN, M, ,

Mailing Address 9541 N Bexley Dr

City Strongsville State OH Zip Code 44136-2556

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28156098

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 71 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. HOLTZ, KEVIN, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9541 N Bexley Dr
 City Strongsville State OH Zip Code 44136-2556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28160566
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. HOLZHAUER, EVAN, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1153 Wandering Willow Way
 City Loxahatchee State FL Zip Code 33470-6132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777764
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. HOLZHAUER, EVAN, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1153 Wandering Willow Way
 City Loxahatchee State FL Zip Code 33470-6132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777795
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 72 OF 167 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLZHAUER, EVAN, F, ,

Mailing Address 1153 Wandering Willow Way

City Loxahatchee	State FL	Zip Code 33470-6132
---------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 2777826

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLZHAUER, EVAN, F, ,

Mailing Address 1153 Wandering Willow Way

City Loxahatchee	State FL	Zip Code 33470-6132
---------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026

Transaction ID : 28151561

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLZHAUER, EVAN, F, ,

Mailing Address 1153 Wandering Willow Way

City Loxahatchee	State FL	Zip Code 33470-6132
---------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026

Transaction ID : 28156099

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fed

A. HOLZHAUER, EVAN, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1153 Wandering Willow Way
 City Loxahatchee State FL Zip Code 33470-6132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28160567
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. HOUSTON, ISHAH, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 W 70th St
 City Chicago State IL Zip Code 60636-3501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777765
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. HOUSTON, ISHAH, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 W 70th St
 City Chicago State IL Zip Code 60636-3501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777796
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 74 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOUSTON, ISHAH, R, ,

Mailing Address 1215 W 70th St

City Chicago State IL Zip Code 60636-3501

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777827

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOUSTON, ISHAH, R, ,

Mailing Address 1215 W 70th St

City Chicago State IL Zip Code 60636-3501

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2026
Transaction ID : 2815175

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOUSTON, ISHAH, R, ,

Mailing Address 1215 W 70th St

City Chicago State IL Zip Code 60636-3501

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28156115

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. HOUSTON, ISHAH, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1215 W 70th St
 City Chicago State IL Zip Code 60636-3501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28160584
 Amount of Each Receipt this Period 50.00
 Memo Item

B. JIMENEZ GUERRA, JOHN, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E Round Grove Rd Apt 2322
 City Lewisville State TX Zip Code 75067-8336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777767
 Amount of Each Receipt this Period 50.00
 Memo Item

C. JIMENEZ GUERRA, JOHN, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E Round Grove Rd Apt 2322
 City Lewisville State TX Zip Code 75067-8336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777799
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fed

A. JIMENEZ GUERRA, JOHN, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E Round Grove Rd
 Apt 2322
 City Lewisville State TX Zip Code 75067-8336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777828
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. JIMENEZ GUERRA, JOHN, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E Round Grove Rd
 Apt 2322
 City Lewisville State TX Zip Code 75067-8336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28151701
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. JIMENEZ GUERRA, JOHN, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 201 E Round Grove Rd
 Apt 2322
 City Lewisville State TX Zip Code 75067-8336
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28156244
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JIMENEZ GUERRA, JOHN, A, ,

Mailing Address 201 E Round Grove Rd
Apt 2322

City Lewisville State TX Zip Code 75067-8336

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026

Transaction ID : 28160703

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. JOHNSON, KYLE, T, ,

Mailing Address 258 Gracie Dr

City Ellijay State GA Zip Code 30540-1963

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 2777669

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. JOHNSON, KYLE, T, ,

Mailing Address 258 Gracie Dr

City Ellijay State GA Zip Code 30540-1963

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 2777697

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Fed

A. JOHNSON, KYLE, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 258 Gracie Dr
 City Ellijay State GA Zip Code 30540-1963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777727
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. JOHNSON, KYLE, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 258 Gracie Dr
 City Ellijay State GA Zip Code 30540-1963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28151724
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. JOHNSON, KYLE, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 258 Gracie Dr
 City Ellijay State GA Zip Code 30540-1963
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28156268
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. JOHNSON, KYLE, T, ,		Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : 28160726
Mailing Address 258 Gracie Dr		Amount of Each Receipt this Period 100.00
City Ellijay	State GA	Zip Code 30540-1963
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JORDAN III, WALLACE, , ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 2777768
Mailing Address 80 Pioneer Park Rd		Amount of Each Receipt this Period 50.00
City Willacoochee	State GA	Zip Code 31650-3142
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JORDAN III, WALLACE, , ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 27777800
Mailing Address 80 Pioneer Park Rd		Amount of Each Receipt this Period 50.00
City Willacoochee	State GA	Zip Code 31650-3142
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

SUBTOTAL of Receipts This Page (optional).....	200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 167
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. JORDAN III, WALLACE, , ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 2777829
Mailing Address 80 Pioneer Park Rd		Amount of Each Receipt this Period 50.00
City Willacoochee	State GA	Zip Code 31650-3142
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. JORDAN III, WALLACE, , ,		Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : 28151759
Mailing Address 80 Pioneer Park Rd		Amount of Each Receipt this Period 50.00
City Willacoochee	State GA	Zip Code 31650-3142
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. JORDAN III, WALLACE, , ,		Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : 28156306
Mailing Address 80 Pioneer Park Rd		Amount of Each Receipt this Period 50.00
City Willacoochee	State GA	Zip Code 31650-3142
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. JORDAN III, WALLACE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 80 Pioneer Park Rd
 City Willacoochee State GA Zip Code 31650-3142
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28160759
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. KASSEM, HIND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5410 Mead St
 City Dearborn State MI Zip Code 48126-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777770
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. KASSEM, HIND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5410 Mead St
 City Dearborn State MI Zip Code 48126-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777802
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fed

A. KASSEM, HIND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5410 Mead St
 City Dearborn State MI Zip Code 48126-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777831
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. KASSEM, HIND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5410 Mead St
 City Dearborn State MI Zip Code 48126-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28151798
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. KASSEM, HIND, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5410 Mead St
 City Dearborn State MI Zip Code 48126-3020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28156344
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 83 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. KASSEM, HIND, , ,

Mailing Address 5410 Mead St

City Dearborn State MI Zip Code 48126-3020

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28160795

Amount of Each Receipt this Period
 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LAFOND, CHRIS, Q, ,

Mailing Address 2945 Dyer St

City Dallas State TX Zip Code 75205-1907

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 125.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777851

Amount of Each Receipt this Period
 41.67

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LAFOND, CHRIS, Q, ,

Mailing Address 2945 Dyer St

City Dallas State TX Zip Code 75205-1907

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 125.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777852

Amount of Each Receipt this Period
 41.67

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 133.34

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. LAFOND, CHRIS, Q, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Dyer St
 City Dallas State TX Zip Code 75205-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 125.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777853
 Amount of Each Receipt this Period
 41.67
 Memo Item

B. LAFOND, CHRIS, Q, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Dyer St
 City Dallas State TX Zip Code 75205-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28151922
 Amount of Each Receipt this Period
 41.67
 Memo Item

C. LAFOND, CHRIS, Q, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2945 Dyer St
 City Dallas State TX Zip Code 75205-1907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 208.35

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28156465
 Amount of Each Receipt this Period
 41.67
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	125.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. Lara, Sandra, Angel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1272 S Vancouver Ave
 City East Los Angeles State CA Zip Code 90022-4924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Brilliant Corners FHSP Support Specialist
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2026
Transaction ID : 27855561
 Amount of Each Receipt this Period
 76.00
 Memo Item

B. Lara, Sandra, Angel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1272 S Vancouver Ave
 City East Los Angeles State CA Zip Code 90022-4924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Brilliant Corners FHSP Support Specialist
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 152.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2026
Transaction ID : 27855562
 Amount of Each Receipt this Period
 76.00
 Memo Item

C. Lara, Sandra, Angel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1272 S Vancouver Ave
 City East Los Angeles State CA Zip Code 90022-4924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Brilliant Corners FHSP Support Specialist
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 228.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2026
Transaction ID : 27978977
 Amount of Each Receipt this Period
 76.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	228.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 OF 167
 (check only one)

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

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NAME OF COMMITTEE (In Full)
Fed

A. Lara, Sandra, Angel, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1272 S Vancouver Ave
 City East Los Angeles State CA Zip Code 90022-4924
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Brilliant Corners FHSP Support Specialist
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 304.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 16 / 2026
Transaction ID : 28115930
 Amount of Each Receipt this Period
 76.00
 Memo Item

B. Levesque, Sarah, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4553 Highway 31
 City Sneedville State TN Zip Code 37869-4251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 OPEIU Local 2 Secretary/Treasurer
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 80.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2026
Transaction ID : 27891714
 Amount of Each Receipt this Period
 40.00
 Memo Item

C. Levesque, Sarah, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4553 Highway 31
 City Sneedville State TN Zip Code 37869-4251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 OPEIU Local 2 Secretary/Treasurer
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 80.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 30 / 2026
Transaction ID : 27891718
 Amount of Each Receipt this Period
 40.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 156.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 87 OF 167
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fed

A. Levesque, Sarah, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4553 Highway 31

City Sneedville	State TN	Zip Code 37869-4251
--------------------	-------------	------------------------

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

Name of Employer (for Individual) OPEIU Local 2	Occupation (for Individual) Secretary/Treasurer
--	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2026

Transaction ID : 28023156

Amount of Each Receipt this Period
40.00

Memo Item

B. Levesque, Sarah, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4553 Highway 31

City Sneedville	State TN	Zip Code 37869-4251
--------------------	-------------	------------------------

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

Name of Employer (for Individual) OPEIU Local 2	Occupation (for Individual) Secretary/Treasurer
--	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
160.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		27		2026

Transaction ID : 28023159

Amount of Each Receipt this Period
40.00

Memo Item

C. Levesque, Sarah, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4553 Highway 31

City Sneedville	State TN	Zip Code 37869-4251
--------------------	-------------	------------------------

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

Name of Employer (for Individual) OPEIU Local 2	Occupation (for Individual) Secretary/Treasurer
--	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2026

Transaction ID : 28205446

Amount of Each Receipt this Period
40.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 88 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Levesque, Sarah, M, ,

Mailing Address 4553 Highway 31

City Sneedville	State TN	Zip Code 37869-4251
--------------------	-------------	------------------------

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

Name of Employer (for Individual) OPEIU Local 2	Occupation (for Individual) Secretary/Treasurer
--	--

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2026

Transaction ID : 28205448

Amount of Each Receipt this Period
40.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. LLOYD, SABRINA, N, ,

Mailing Address 411 Caesar Dr

City Barrington	State IL	Zip Code 60010-4029
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		15		2026

Transaction ID : 2777670

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. LLOYD, SABRINA, N, ,

Mailing Address 411 Caesar Dr

City Barrington	State IL	Zip Code 60010-4029
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		15		2026

Transaction ID : 2777698

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	240.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 89 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. LLOYD, SABRINA, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Caesar Dr
 City Barrington State IL Zip Code 60010-4029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777728
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. LLOYD, SABRINA, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Caesar Dr
 City Barrington State IL Zip Code 60010-4029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28152052
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. LLOYD, SABRINA, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 411 Caesar Dr
 City Barrington State IL Zip Code 60010-4029
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28156600
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 90 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. LLOYD, SABRINA, N, ,

Mailing Address 411 Caesar Dr

City Barrington State IL Zip Code 60010-4029

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161016

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MAPLE, LUCIOUS, G, ,

Mailing Address 3308 Stratford Cir

City Morrow State GA Zip Code 30260-8109

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777749

Amount of Each Receipt this Period
75.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MAPLE, LUCIOUS, G, ,

Mailing Address 3308 Stratford Cir

City Morrow State GA Zip Code 30260-8109

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27778063

Amount of Each Receipt this Period
25.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. MAPLE, LUCIOUS, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3308 Stratford Cir
 City Morrow State GA Zip Code 30260-8109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27778141
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. MAPLE, LUCIOUS, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3308 Stratford Cir
 City Morrow State GA Zip Code 30260-8109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27778223
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. MAPLE, LUCIOUS, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3308 Stratford Cir
 City Morrow State GA Zip Code 30260-8109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28152190
 Amount of Each Receipt this Period
 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 75.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Fed

A. MAPLE, LUCIOUS, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3308 Stratford Cir
 City Morrow State GA Zip Code 30260-8109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28156731
 Amount of Each Receipt this Period
 25.00
 Memo Item

B. MAPLE, LUCIOUS, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3308 Stratford Cir
 City Morrow State GA Zip Code 30260-8109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161140
 Amount of Each Receipt this Period
 25.00
 Memo Item

C. MCADAMS, TIM, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Wooded Acres Dr
 City Waco State TX Zip Code 76710-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777671
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCADAMS, TIM, R, ,

Mailing Address 1200 Wooded Acres Dr

City Waco	State TX	Zip Code 76710-4436
--------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777699

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCADAMS, TIM, R, ,

Mailing Address 1200 Wooded Acres Dr

City Waco	State TX	Zip Code 76710-4436
--------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777729

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCADAMS, TIM, R, ,

Mailing Address 1200 Wooded Acres Dr

City Waco	State TX	Zip Code 76710-4436
--------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28152281

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 94 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. MCADAMS, TIM, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Wooded Acres Dr
 City Waco State TX Zip Code 76710-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28156815
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. MCADAMS, TIM, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1200 Wooded Acres Dr
 City Waco State TX Zip Code 76710-4436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161219
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. MCQUADE, ANDREW, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2290 Reserve Dr CA
 City Brentwood State CA Zip Code 94513-4274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777672
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 95 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. MCQUADE, ANDREW, C, ,

Mailing Address 2290 Reserve Dr
CA

City Brentwood State CA Zip Code 94513-4274

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : **2777700**

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. MCQUADE, ANDREW, C, ,

Mailing Address 2290 Reserve Dr
CA

City Brentwood State CA Zip Code 94513-4274

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : **2777730**

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. MCQUADE, ANDREW, C, ,

Mailing Address 2290 Reserve Dr
CA

City Brentwood State CA Zip Code 94513-4274

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026

Transaction ID : **28152337**

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. MCQUADE, ANDREW, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2290 Reserve Dr
 CA
 City Brentwood State CA Zip Code 94513-4274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28156869
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. MCQUADE, ANDREW, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2290 Reserve Dr
 CA
 City Brentwood State CA Zip Code 94513-4274
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161278
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. MOORE, NICHOLAS, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Pheasant Hill Run
 City West Boylston State MA Zip Code 01583-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777625
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 97 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. MOORE, NICHOLAS, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Pheasant Hill Run
 City West Boylston State MA Zip Code 01583-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777633
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. MOORE, NICHOLAS, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Pheasant Hill Run
 City West Boylston State MA Zip Code 01583-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777641
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. MOORE, NICHOLAS, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Pheasant Hill Run
 City West Boylston State MA Zip Code 01583-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28152479
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 98 OF 167
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Fed

A. MOORE, NICHOLAS, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Pheasant Hill Run
 City West Boylston State MA Zip Code 01583-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157007
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. MOORE, NICHOLAS, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24 Pheasant Hill Run
 City West Boylston State MA Zip Code 01583-2329
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161413
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. MUSSO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7009 Stirling Rd Apt 7305
 City Davie State FL Zip Code 33314-8005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777647
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. MUSSO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7009 Stirling Rd
 Apt 7305
 City Davie State FL Zip Code 33314-8005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777649
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. MUSSO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7009 Stirling Rd
 Apt 7305
 City Davie State FL Zip Code 33314-8005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777651
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. MUSSO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7009 Stirling Rd
 Apt 7305
 City Davie State FL Zip Code 33314-8005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28152566
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 100 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. MUSSO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7009 Stirling Rd
 Apt 7305
 City Davie State FL Zip Code 33314-8005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157095
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. MUSSO, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7009 Stirling Rd
 Apt 7305
 City Davie State FL Zip Code 33314-8005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161503
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. NEFF, COREY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9898 Masterpiece Dr
 City Las Vegas State NV Zip Code 89148-4538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777626
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 101 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. NEFF, COREY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9898 Masterpiece Dr
 City Las Vegas State NV Zip Code 89148-4538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777634
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. NEFF, COREY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9898 Masterpiece Dr
 City Las Vegas State NV Zip Code 89148-4538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777642
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. NEFF, COREY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9898 Masterpiece Dr
 City Las Vegas State NV Zip Code 89148-4538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28152603
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 102 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. NEFF, COREY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9898 Masterpiece Dr
 City Las Vegas State NV Zip Code 89148-4538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157140
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. NEFF, COREY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9898 Masterpiece Dr
 City Las Vegas State NV Zip Code 89148-4538
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161544
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. NELSON, LONDON, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4017 Woodstone Way
 City Louisville State KY Zip Code 40241-5862
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777673
 Amount of Each Receipt this Period
 100.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 103 OF 167
 (check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. NELSON, LONDON, C, ,

Mailing Address 4017 Woodstone Way

City Louisville State KY Zip Code 40241-5862

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777701

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. NELSON, LONDON, C, ,

Mailing Address 4017 Woodstone Way

City Louisville State KY Zip Code 40241-5862

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777731

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. NELSON, LONDON, C, ,

Mailing Address 4017 Woodstone Way

City Louisville State KY Zip Code 40241-5862

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28152610

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 104 OF 167
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. NELSON, LONDON, C, ,

Mailing Address 4017 Woodstone Way

City Louisville	State KY	Zip Code 40241-5862
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2026

Transaction ID : 28157147

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. NELSON, LONDON, C, ,

Mailing Address 4017 Woodstone Way

City Louisville	State KY	Zip Code 40241-5862
--------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2026

Transaction ID : 28161549

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Olivera, David, , ,

Mailing Address 746 N 85th St

City Seattle	State WA	Zip Code 98103-3828
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Retired	Occupation (for Individual) Childrens Group Specialist
--	---

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
243.39

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		20		2026

Transaction ID : 28133492

Amount of Each Receipt this Period
243.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	443.39
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. PAPPAS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Engineers Rd
 City Roslyn State NY Zip Code 11576-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777652
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. PAPPAS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Engineers Rd
 City Roslyn State NY Zip Code 11576-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777653
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. PAPPAS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Engineers Rd
 City Roslyn State NY Zip Code 11576-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777654
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. PAPPAS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Engineers Rd
 City Roslyn State NY Zip Code 11576-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28163286
 Amount of Each Receipt this Period
 150.00
 Memo Item

B. PAPPAS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Engineers Rd
 City Roslyn State NY Zip Code 11576-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28163520
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. PAPPAS, THEODORE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Engineers Rd
 City Roslyn State NY Zip Code 11576-1008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28163736
 Amount of Each Receipt this Period
 150.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 107 OF 167 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fed

A. PARKS, MATTHEW, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3963 Saint Theresa Blvd
 City Avon State OH Zip Code 44011-2798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777674
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. PARKS, MATTHEW, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3963 Saint Theresa Blvd
 City Avon State OH Zip Code 44011-2798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777732
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. PARKS, MATTHEW, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3963 Saint Theresa Blvd
 City Avon State OH Zip Code 44011-2798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28152771
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 108 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. PARKS, MATTHEW, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3963 Saint Theresa Blvd
 City Avon State OH Zip Code 44011-2798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157311
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. PARKS, MATTHEW, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3963 Saint Theresa Blvd
 City Avon State OH Zip Code 44011-2798
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161698
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. PETERS, KAILEY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 S Nebraska St
 City Chandler State AZ Zip Code 85248-4562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777773
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 109 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. PETERS, KAILEY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 S Nebraska St
 City Chandler State AZ Zip Code 85248-4562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777803
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. PETERS, KAILEY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 S Nebraska St
 City Chandler State AZ Zip Code 85248-4562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777832
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. PETERS, KAILEY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 S Nebraska St
 City Chandler State AZ Zip Code 85248-4562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28152857
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 110 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. PETERS, KAILEY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 S Nebraska St
 City Chandler State AZ Zip Code 85248-4562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157402
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. PETERS, KAILEY, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3620 S Nebraska St
 City Chandler State AZ Zip Code 85248-4562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161781
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. POTTS, CHAD, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 Old Home Pl
 City Yukon State OK Zip Code 73099-9714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777675
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. POTTS, CHAD, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 Old Home Pl
 City Yukon State OK Zip Code 73099-9714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777703
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. POTTS, CHAD, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 Old Home Pl
 City Yukon State OK Zip Code 73099-9714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777733
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. POTTS, CHAD, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 Old Home Pl
 City Yukon State OK Zip Code 73099-9714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28152917
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 112 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. POTTS, CHAD, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 Old Home Pl
 City Yukon State OK Zip Code 73099-9714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157459
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. POTTS, CHAD, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 Old Home Pl
 City Yukon State OK Zip Code 73099-9714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161844
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. PRATA, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 N Ridge Ct
 City Southington State CT Zip Code 06489-4744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777627
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 113 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. PRATA, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 N Ridge Ct
 City Southington State CT Zip Code 06489-4744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777635
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. PRATA, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 N Ridge Ct
 City Southington State CT Zip Code 06489-4744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777643
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. PRATA, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 N Ridge Ct
 City Southington State CT Zip Code 06489-4744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28152925
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 114 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. PRATA, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 N Ridge Ct
 City Southington State CT Zip Code 06489-4744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157465
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. PRATA, PHILIP, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 96 N Ridge Ct
 City Southington State CT Zip Code 06489-4744
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161853
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. QUINTERO, HUMBERTO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 SW 13th St
 Apt 4418
 City Miami State FL Zip Code 33130-4360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777606
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. QUINTERO, HUMBERTO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 SW 13th St
 Apt 4418
 City Miami State FL Zip Code 33130-4360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777610
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. QUINTERO, HUMBERTO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 SW 13th St
 Apt 4418
 City Miami State FL Zip Code 33130-4360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777614
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. QUINTERO, HUMBERTO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 60 SW 13th St
 Apt 4418
 City Miami State FL Zip Code 33130-4360
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28152971
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 117 OF 167 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RALSTON, AARON, B, ,

Mailing Address 248 Pumice Dr

City Sherwood	State AR	Zip Code 72120-4269
------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2026

Transaction ID : 27777804

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RALSTON, AARON, B, ,

Mailing Address 248 Pumice Dr

City Sherwood	State AR	Zip Code 72120-4269
------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2026

Transaction ID : 27777833

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RALSTON, AARON, B, ,

Mailing Address 248 Pumice Dr

City Sherwood	State AR	Zip Code 72120-4269
------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2026

Transaction ID : 28152987

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 118 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. RALSTON, AARON, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 248 Pumice Dr
 City Sherwood State AR Zip Code 72120-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157525
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. RALSTON, AARON, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 248 Pumice Dr
 City Sherwood State AR Zip Code 72120-4269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161910
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. REYES, ANTONIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1203 Longwall Ln
 City Matthews State NC Zip Code 28104-0034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777676
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 119 OF 167
(check only one)
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 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. REYES, ANTONIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1203 Longwall Ln
 City Matthews State NC Zip Code 28104-0034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777704
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. REYES, ANTONIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1203 Longwall Ln
 City Matthews State NC Zip Code 28104-0034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777734
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. REYES, ANTONIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1203 Longwall Ln
 City Matthews State NC Zip Code 28104-0034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28153061
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 120 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. REYES, ANTONIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1203 Longwall Ln
 City Matthews State NC Zip Code 28104-0034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157603
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. REYES, ANTONIO, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1203 Longwall Ln
 City Matthews State NC Zip Code 28104-0034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28161984
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. RIVERA, GABRIEL, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5302 W Ohio St
 City Chicago State IL Zip Code 60644-1654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777776
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RIVERA, GABRIEL, V, ,

Mailing Address 5302 W Ohio St

City Chicago	State IL	Zip Code 60644-1654
-----------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026

Transaction ID : 27777806

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RIVERA, GABRIEL, V, ,

Mailing Address 5302 W Ohio St

City Chicago	State IL	Zip Code 60644-1654
-----------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026

Transaction ID : 27777834

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RIVERA, GABRIEL, V, ,

Mailing Address 5302 W Ohio St

City Chicago	State IL	Zip Code 60644-1654
-----------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28153109

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

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

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NAME OF COMMITTEE (In Full)
Fed

A. RIVERA, GABRIEL, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5302 W Ohio St
 City Chicago State IL Zip Code 60644-1654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157651
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. RIVERA, GABRIEL, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5302 W Ohio St
 City Chicago State IL Zip Code 60644-1654
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28162035
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. RIVERS, JEREMY, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7296 Wood Hollow Way
 City Stone Mountain State GA Zip Code 30087-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777777
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 123 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. RIVERS, JEREMY, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7296 Wood Hollow Way
 City Stone Mountain State GA Zip Code 30087-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777807
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. RIVERS, JEREMY, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7296 Wood Hollow Way
 City Stone Mountain State GA Zip Code 30087-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777835
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. RIVERS, JEREMY, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7296 Wood Hollow Way
 City Stone Mountain State GA Zip Code 30087-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28153119
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. RIVERS, JEREMY, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7296 Wood Hollow Way
 City Stone Mountain State GA Zip Code 30087-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157659
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. RIVERS, JEREMY, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7296 Wood Hollow Way
 City Stone Mountain State GA Zip Code 30087-6157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28162046
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. ROMERO, JESUS, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27706 Walsh Crossing Dr
 City Katy State TX Zip Code 77494-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777778
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 125 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. ROMERO, JESUS, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27706 Walsh Crossing Dr
 City Katy State TX Zip Code 77494-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777808
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. ROMERO, JESUS, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27706 Walsh Crossing Dr
 City Katy State TX Zip Code 77494-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777836
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. ROMERO, JESUS, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27706 Walsh Crossing Dr
 City Katy State TX Zip Code 77494-1746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28153199
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 150.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 126 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ROMERO, JESUS, E, ,

Mailing Address **27706 Walsh Crossing Dr**

City **Katy** State **TX** Zip Code **77494-1746**

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

Name of Employer (for Individual) **AIL** Occupation (for Individual) **AGENT**

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
03 / 25 / 2026

Transaction ID : 28157738

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. ROMERO, JESUS, E, ,

Mailing Address **27706 Walsh Crossing Dr**

City **Katy** State **TX** Zip Code **77494-1746**

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

Name of Employer (for Individual) **AIL** Occupation (for Individual) **AGENT**

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
03 / 25 / 2026

Transaction ID : 28162122

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SALVAGGI, MARC, , ,

Mailing Address **11221 Synergy Dr**
Apt 358

City **Milwaukee** State **WI** Zip Code **53222-1351**

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

Name of Employer (for Individual) **AIL** Occupation (for Individual) **AGENT**

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
01 / 15 / 2026

Transaction ID : 2777677

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. SALVAGGI, MARC, , ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 2777705
Mailing Address 11221 Synergy Dr Apt 358		Amount of Each Receipt this Period 100.00
City Milwaukee	State WI	Zip Code 53222-1351
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. SALVAGGI, MARC, , ,		Date of Receipt MM / DD / YYYY 01 / 15 / 2026 Transaction ID : 2777735
Mailing Address 11221 Synergy Dr Apt 358		Amount of Each Receipt this Period 100.00
City Milwaukee	State WI	Zip Code 53222-1351
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. SALVAGGI, MARC, , ,		Date of Receipt MM / DD / YYYY 03 / 25 / 2026 Transaction ID : 28153298
Mailing Address 11221 Synergy Dr Apt 358		Amount of Each Receipt this Period 100.00
City Milwaukee	State WI	Zip Code 53222-1351
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT	
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. SALVAGGI, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11221 Synergy Dr Apt 358
 City Milwaukee State WI Zip Code 53222-1351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28157838
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. SALVAGGI, MARC, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11221 Synergy Dr Apt 358
 City Milwaukee State WI Zip Code 53222-1351
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28162215
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. SCHREITER, BRIAN, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2138 Elwood Ct
 City Baton Rouge State LA Zip Code 70809-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777628
 Amount of Each Receipt this Period
 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 129 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. SCHREITER, BRIAN, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2138 Elwood Ct
 City Baton Rouge State LA Zip Code 70809-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777636
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. SCHREITER, BRIAN, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2138 Elwood Ct
 City Baton Rouge State LA Zip Code 70809-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777644
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. SCHREITER, BRIAN, V, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2138 Elwood Ct
 City Baton Rouge State LA Zip Code 70809-1466
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28153368
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 130 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SCHREITER, BRIAN, V, ,

Mailing Address 2138 Elwood Ct

City Baton Rouge State LA Zip Code 70809-1466

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28157916

Amount of Each Receipt this Period
 200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SCHREITER, BRIAN, V, ,

Mailing Address 2138 Elwood Ct

City Baton Rouge State LA Zip Code 70809-1466

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28162293

Amount of Each Receipt this Period
 200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SERUR, ALBERT, C, ,

Mailing Address 175 W 95th St
 Apt 24G

City New York State NY Zip Code 10025-7166

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026

Transaction ID : 2777678

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 133 OF 167
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)
Fed

A. SMITH, MARCUS, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 877 Pine Grove Cir
 City Hinckley State OH Zip Code 44233-9216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777737
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. SMITH, MARCUS, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 877 Pine Grove Cir
 City Hinckley State OH Zip Code 44233-9216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 2815326
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. SMITH, MARCUS, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 877 Pine Grove Cir
 City Hinckley State OH Zip Code 44233-9216
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28158075
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 134 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SMITH, MARCUS, W, ,

Mailing Address **877 Pine Grove Cir**

City **Hinckley** State **OH** Zip Code **44233-9216**

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

Name of Employer (for Individual) **AIL** Occupation (for Individual) **AGENT**

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
03 / 25 / 2026
Transaction ID : 28162451

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SNOW, CURT, D, ,

Mailing Address **1920 Kent Dr**

City **Brentwood** State **CA** Zip Code **94513-6447**

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

Name of Employer (for Individual) **AIL** Occupation (for Individual) **AGENT**

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
01 / 15 / 2026
Transaction ID : 2777746

Amount of Each Receipt this Period
80.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SNOW, CURT, D, ,

Mailing Address **1920 Kent Dr**

City **Brentwood** State **CA** Zip Code **94513-6447**

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

Name of Employer (for Individual) **AIL** Occupation (for Individual) **AGENT**

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
01 / 15 / 2026
Transaction ID : 2777747

Amount of Each Receipt this Period
80.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **260.00**

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

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

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

FOR LINE NUMBER: PAGE 135 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. SNOW, CURT, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 Kent Dr
 City Brentwood State CA Zip Code 94513-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777748
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. SNOW, CURT, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 Kent Dr
 City Brentwood State CA Zip Code 94513-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28153548
 Amount of Each Receipt this Period
 80.00
 Memo Item

C. SNOW, CURT, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 Kent Dr
 City Brentwood State CA Zip Code 94513-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28158098
 Amount of Each Receipt this Period
 80.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 240.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 136 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. SNOW, CURT, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1920 Kent Dr
 City Brentwood State CA Zip Code 94513-6447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28162470
 Amount of Each Receipt this Period
 80.00
 Memo Item

B. SPARBY, JOHN, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6024 158th St W
 City Saint Paul State MN Zip Code 55124-6168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777780
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. SPARBY, JOHN, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6024 158th St W
 City Saint Paul State MN Zip Code 55124-6168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777809
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 180.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 137 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPARBY, JOHN, C, ,

Mailing Address 6024 158th St W

City Saint Paul State MN Zip Code 55124-6168

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777837

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. SPARBY, JOHN, C, ,

Mailing Address 6024 158th St W

City Saint Paul State MN Zip Code 55124-6168

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28153580

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. SPARBY, JOHN, C, ,

Mailing Address 6024 158th St W

City Saint Paul State MN Zip Code 55124-6168

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28158130

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 138 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. SPARBY, JOHN, C, ,
 Mailing Address 6024 158th St W
 City Saint Paul State MN Zip Code 55124-6168
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28162495
 Amount of Each Receipt this Period
 50.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. STENGLEIN, PATRICK, J, ,
 Mailing Address 5130 Ranchview Ln N
 City Plymouth State MN Zip Code 55446-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777680
 Amount of Each Receipt this Period
 100.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. STENGLEIN, PATRICK, J, ,
 Mailing Address 5130 Ranchview Ln N
 City Plymouth State MN Zip Code 55446-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777708
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 139 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Fed

A. STENGLEIN, PATRICK, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5130 Ranchview Ln N
 City Plymouth State MN Zip Code 55446-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777738
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. STENGLEIN, PATRICK, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5130 Ranchview Ln N
 City Plymouth State MN Zip Code 55446-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28153621
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. STENGLEIN, PATRICK, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5130 Ranchview Ln N
 City Plymouth State MN Zip Code 55446-2212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28158164
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 140 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. STENGLEIN, PATRICK, J, ,

Mailing Address 5130 Ranchview Ln N

City Plymouth State MN Zip Code 55446-2212

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28162525

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Teague, Chris, , ,

Mailing Address 4435 48th St
 Apt 7

City San Diego State CA Zip Code 92115-4544

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

Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Med Offc Asst II

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2026

Transaction ID : 27860973

Amount of Each Receipt this Period
 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Teague, Chris, , ,

Mailing Address 4435 48th St
 Apt 7

City San Diego State CA Zip Code 92115-4544

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

Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Med Offc Asst II

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 21 / 2026

Transaction ID : 27860974

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Teague, Chris, , ,		Date of Receipt MM / DD / YYYY 01 / 21 / 2026
Mailing Address 4435 48th St Apt 7		Transaction ID : 27860975
City San Diego	State CA	Zip Code 92115-4544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Kaiser Permanente	Occupation (for Individual) Med Offc Asst II	<input type="checkbox"/> Memo Item
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Teague, Chris, , ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2026
Mailing Address 4435 48th St Apt 7		Transaction ID : 27982060
City San Diego	State CA	Zip Code 92115-4544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Kaiser Permanente	Occupation (for Individual) Med Offc Asst II	<input type="checkbox"/> Memo Item
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Teague, Chris, , ,		Date of Receipt MM / DD / YYYY 02 / 13 / 2026
Mailing Address 4435 48th St Apt 7		Transaction ID : 27982061
City San Diego	State CA	Zip Code 92115-4544
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Kaiser Permanente	Occupation (for Individual) Med Offc Asst II	<input type="checkbox"/> Memo Item
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 142 OF 167
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
Fed

A. Teague, Chris, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4435 48th St
Apt 7

City San Diego State CA Zip Code 92115-4544

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

Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Med Offc Asst II

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2026

Transaction ID : 28118199

Amount of Each Receipt this Period
50.00

Memo Item

B. Teague, Chris, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4435 48th St
Apt 7

City San Diego State CA Zip Code 92115-4544

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

Name of Employer (for Individual) Kaiser Permanente Occupation (for Individual) Med Offc Asst II

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
03 / 16 / 2026

Transaction ID : 28118200

Amount of Each Receipt this Period
50.00

Memo Item

C. UMBERTONE, DANIEL, X, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1441 Switzer Cv

City Southaven State MS Zip Code 38671-2327

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 27777681

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
UMBERTONE, DANIEL, X, ,

Mailing Address 1441 Switzer Cv

City Southaven	State MS	Zip Code 38671-2327
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2026

Transaction ID : 27777709

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
UMBERTONE, DANIEL, X, ,

Mailing Address 1441 Switzer Cv

City Southaven	State MS	Zip Code 38671-2327
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2026

Transaction ID : 27777739

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
UMBERTONE, DANIEL, X, ,

Mailing Address 1441 Switzer Cv

City Southaven	State MS	Zip Code 38671-2327
-------------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		25		2026

Transaction ID : 28153864

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. UMBERTONE, DANIEL, X, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2026 Transaction ID : 28158411		
Mailing Address 1441 Switzer Cv			Amount of Each Receipt this Period 100.00		
City Southaven	State MS	Zip Code 38671-2327	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) AIL		Occupation (for Individual) AGENT			
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. UMBERTONE, DANIEL, X, ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 25 / 2026 Transaction ID : 28162763		
Mailing Address 1441 Switzer Cv			Amount of Each Receipt this Period 100.00		
City Southaven	State MS	Zip Code 38671-2327	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) AIL		Occupation (for Individual) AGENT			
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. VASU, MICHAEL, , ,			Date of Receipt M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2026 Transaction ID : 27777594		
Mailing Address 27 Beacons Light Pl			Amount of Each Receipt this Period 500.00		
City The Woodlands	State TX	Zip Code 77375-3133	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) AIL		Occupation (for Individual) AGENT			
Receipt For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1500.00			

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. VASU, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Beacons Light PI
 City The Woodlands State TX Zip Code 77375-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777595
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. VASU, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Beacons Light PI
 City The Woodlands State TX Zip Code 77375-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777596
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. VASU, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Beacons Light PI
 City The Woodlands State TX Zip Code 77375-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28153910
 Amount of Each Receipt this Period
 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 146 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. VASU, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Beacons Light Pl
 City The Woodlands State TX Zip Code 77375-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28158458
 Amount of Each Receipt this Period
 500.00
 Memo Item

B. VASU, MICHAEL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27 Beacons Light Pl
 City The Woodlands State TX Zip Code 77375-3133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28162813
 Amount of Each Receipt this Period
 500.00
 Memo Item

C. VENA, THOMAS, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1317 Wagner Rd
 City Glenview State IL Zip Code 60025-3220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 AIL AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777781
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1050.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 167
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VENA, THOMAS, A, ,

Mailing Address 1317 Wagner Rd

City: Glenview State: IL Zip Code: 60025-3220

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

Name of Employer (for Individual): AIL Occupation (for Individual): AGENT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 27777810

Amount of Each Receipt this Period
50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VENA, THOMAS, A, ,

Mailing Address 1317 Wagner Rd

City: Glenview State: IL Zip Code: 60025-3220

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

Name of Employer (for Individual): AIL Occupation (for Individual): AGENT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 27777838

Amount of Each Receipt this Period
50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VENA, THOMAS, A, ,

Mailing Address 1317 Wagner Rd

City: Glenview State: IL Zip Code: 60025-3220

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

Name of Employer (for Individual): AIL Occupation (for Individual): AGENT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026

Transaction ID : 28153925

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. VENA, THOMAS, A, ,

Mailing Address 1317 Wagner Rd

City Glenview State IL Zip Code 60025-3220

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026
Transaction ID : 28158476

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. VENA, THOMAS, A, ,

Mailing Address 1317 Wagner Rd

City Glenview State IL Zip Code 60025-3220

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026
Transaction ID : 28162832

Amount of Each Receipt this Period
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. VENKAMP, DUSTIN, W, ,

Mailing Address 2651 N Ridge Cir

City Mesa State AZ Zip Code 85203-2174

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026
Transaction ID : 2777682

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 149 OF 167
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Fed

A. VENKAMP, DUSTIN, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2651 N Ridge Cir
 City Mesa State AZ Zip Code 85203-2174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777710
 Amount of Each Receipt this Period
 100.00
 Memo Item

B. VENKAMP, DUSTIN, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2651 N Ridge Cir
 City Mesa State AZ Zip Code 85203-2174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777740
 Amount of Each Receipt this Period
 100.00
 Memo Item

C. VENKAMP, DUSTIN, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2651 N Ridge Cir
 City Mesa State AZ Zip Code 85203-2174
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28153927
 Amount of Each Receipt this Period
 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 150 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. VENEKAMP, DUSTIN, W, ,

Mailing Address 2651 N Ridge Cir

City Mesa State AZ Zip Code 85203-2174

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026

Transaction ID : 28158478

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. VENEKAMP, DUSTIN, W, ,

Mailing Address 2651 N Ridge Cir

City Mesa State AZ Zip Code 85203-2174

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
03 / 25 / 2026

Transaction ID : 28162834

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WAGNER, TIFFANY, , ,

Mailing Address 14725 Ames Ave

City Omaha State NE Zip Code 68116-1403

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 15 / 2026

Transaction ID : 27777683

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 151 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WAGNER, TIFFANY, , ,

Mailing Address 14725 Ames Ave

City Omaha State NE Zip Code 68116-1403

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777711

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WAGNER, TIFFANY, , ,

Mailing Address 14725 Ames Ave

City Omaha State NE Zip Code 68116-1403

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777741

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WAGNER, TIFFANY, , ,

Mailing Address 14725 Ames Ave

City Omaha State NE Zip Code 68116-1403

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28153963

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 152 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WAGNER, TIFFANY, , ,
 Mailing Address 14725 Ames Ave
 City Omaha State NE Zip Code 68116-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28158523
 Amount of Each Receipt this Period
 100.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WAGNER, TIFFANY, , ,
 Mailing Address 14725 Ames Ave
 City Omaha State NE Zip Code 68116-1403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28162880
 Amount of Each Receipt this Period
 100.00
 Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WASHINGTON, JAMEETRI, J, ,
 Mailing Address 685 John B Sias Memorial Pkwy # 4
 City Fort Worth State TX Zip Code 76134-1302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777782
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Fed

A. WASHINGTON, JAMEETRI, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 685 John B Sias Memorial Pkwy # 4
 City Fort Worth State TX Zip Code 76134-1302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777811
 Amount of Each Receipt this Period
 50.00
 Memo Item

B. WASHINGTON, JAMEETRI, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 685 John B Sias Memorial Pkwy # 4
 City Fort Worth State TX Zip Code 76134-1302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777839
 Amount of Each Receipt this Period
 50.00
 Memo Item

C. WASHINGTON, JAMEETRI, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 685 John B Sias Memorial Pkwy # 4
 City Fort Worth State TX Zip Code 76134-1302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28153995
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 154 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WASHINGTON, JAMEETRI, J, ,

Mailing Address 685 John B Sias Memorial Pkwy # 4

City Fort Worth State TX Zip Code 76134-1302

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28158554

Amount of Each Receipt this Period
 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. WASHINGTON, JAMEETRI, J, ,

Mailing Address 685 John B Sias Memorial Pkwy # 4

City Fort Worth State TX Zip Code 76134-1302

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28162913

Amount of Each Receipt this Period
 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. WEATHERSPOON JR, JAMISON, T, ,

Mailing Address 5105 Settles Bridge Rd

City Suwanee State GA Zip Code 30024-7364

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 2777607

Amount of Each Receipt this Period
 300.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEATHERSPOON JR, JAMISON, T, ,

Mailing Address 5105 Settles Bridge Rd

City Suwanee	State GA	Zip Code 30024-7364
-----------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026

Transaction ID : 27777611

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEATHERSPOON JR, JAMISON, T, ,

Mailing Address 5105 Settles Bridge Rd

City Suwanee	State GA	Zip Code 30024-7364
-----------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026

Transaction ID : 27777615

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEATHERSPOON JR, JAMISON, T, ,

Mailing Address 5105 Settles Bridge Rd

City Suwanee	State GA	Zip Code 30024-7364
-----------------	-------------	------------------------

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

Name of Employer (for Individual) AIL	Occupation (for Individual) AGENT
--	--------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28154010

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	900.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 156 OF 167
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 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)
Fed

A. WEATHERSPOON JR, JAMISON, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5105 Settles Bridge Rd
 City Suwanee State GA Zip Code 30024-7364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28158571
 Amount of Each Receipt this Period
 300.00
 Memo Item

B. WEATHERSPOON JR, JAMISON, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5105 Settles Bridge Rd
 City Suwanee State GA Zip Code 30024-7364
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28162929
 Amount of Each Receipt this Period
 300.00
 Memo Item

C. WEST, JOSHUA, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3932 Idlewind Dr
 City Westfield State IN Zip Code 46074-6318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777783
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 157 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. WEST, JOSHUA, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3932 Idlewind Dr
 City Westfield State IN Zip Code 46074-6318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777812
 Amount of Each Receipt this Period 50.00
 Memo Item

B. WEST, JOSHUA, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3932 Idlewind Dr
 City Westfield State IN Zip Code 46074-6318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777840
 Amount of Each Receipt this Period 50.00
 Memo Item

C. WEST, JOSHUA, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3932 Idlewind Dr
 City Westfield State IN Zip Code 46074-6318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28154035
 Amount of Each Receipt this Period 20.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 158 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. WEST, JOSHUA, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3932 Idlewind Dr
 City Westfield State IN Zip Code 46074-6318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28158596
 Amount of Each Receipt this Period 50.00
 Memo Item

B. WEST, JOSHUA, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3932 Idlewind Dr
 City Westfield State IN Zip Code 46074-6318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28162953
 Amount of Each Receipt this Period 50.00
 Memo Item

C. WILLIAMS, TOM, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 NW 15th St
 City Delray Beach State FL Zip Code 33444-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777629
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
TOTAL This Period (last page this line number only).....▶

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

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

FOR LINE NUMBER: PAGE 159 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. WILLIAMS, TOM, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 NW 15th St
 City Delray Beach State FL Zip Code 33444-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777637
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. WILLIAMS, TOM, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 NW 15th St
 City Delray Beach State FL Zip Code 33444-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777645
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. WILLIAMS, TOM, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 NW 15th St
 City Delray Beach State FL Zip Code 33444-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28154107
 Amount of Each Receipt this Period
 200.00
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 160 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. WILLIAMS, TOM, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 NW 15th St
 City Delray Beach State FL Zip Code 33444-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28158672
 Amount of Each Receipt this Period
 200.00
 Memo Item

B. WILLIAMS, TOM, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 310 NW 15th St
 City Delray Beach State FL Zip Code 33444-3026
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28163024
 Amount of Each Receipt this Period
 200.00
 Memo Item

C. WORTH, THOMAS, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5 Sherwood Dr
 City Mastic Beach State NY Zip Code 11951-3207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) NIL Occupation (for Individual) AGENT
 Receipt For: 2026
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 27777842
 Amount of Each Receipt this Period
 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 161 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WORTH, THOMAS, R, ,

Mailing Address 5 Sherwood Dr

City Mastic Beach State NY Zip Code 11951-3207

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777844

Amount of Each Receipt this Period
 50.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WORTH, THOMAS, R, ,

Mailing Address 5 Sherwood Dr

City Mastic Beach State NY Zip Code 11951-3207

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 01 / 15 / 2026
Transaction ID : 27777847

Amount of Each Receipt this Period
 50.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WORTH, THOMAS, R, ,

Mailing Address 5 Sherwood Dr

City Mastic Beach State NY Zip Code 11951-3207

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 25 / 2026
Transaction ID : 28163362

Amount of Each Receipt this Period
 50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 162 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. WORTH, THOMAS, R, ,

Mailing Address 5 Sherwood Dr

City Mastic Beach State NY Zip Code 11951-3207

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026

Transaction ID : 28163593

Amount of Each Receipt this Period
 50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. YOUNG, JOHN, R, ,

Mailing Address 8224 S Florence Ave

City Tulsa State OK Zip Code 74137-1328

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026

Transaction ID : 2777684

Amount of Each Receipt this Period
 100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. YOUNG, JOHN, R, ,

Mailing Address 8224 S Florence Ave

City Tulsa State OK Zip Code 74137-1328

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026

Transaction ID : 2777712

Amount of Each Receipt this Period
 100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.00

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

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

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

FOR LINE NUMBER: PAGE 163 OF 167
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Fed

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. YOUNG, JOHN, R, ,

Mailing Address 8224 S Florence Ave

City Tulsa State OK Zip Code 74137-1328

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 15 / 2026
Transaction ID : 2777742

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. YOUNG, JOHN, R, ,

Mailing Address 8224 S Florence Ave

City Tulsa State OK Zip Code 74137-1328

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28154192

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. YOUNG, JOHN, R, ,

Mailing Address 8224 S Florence Ave

City Tulsa State OK Zip Code 74137-1328

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 25 / 2026
Transaction ID : 28158762

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

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

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

FOR LINE NUMBER: PAGE 164 OF 167
(check only one)

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

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NAME OF COMMITTEE (In Full)
Fed

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YOUNG, JOHN, R, ,

Mailing Address 8224 S Florence Ave

City Tulsa State OK Zip Code 74137-1328

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 25 / 2026

Transaction ID : 28163108

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	56916.74

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Fed

A. Beau Hawk for Knox County Mayor

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: / /

Mailing Address 1522 Bill Williams Ave

City Knoxville State TN Zip Code 37917-3861

Purpose of Disbursement: Mayor city of Knoxville-Tennessee

Candidate Name _____

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: _____

Transaction ID : 500471754

Amount of Each Disbursement this Period:

Memo Item Mayor city of Knoxville-Tennessee

B.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: / /

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: _____

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial) _____

Date of Disbursement: / /

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____

Candidate Name _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

FEC Identification Number: _____

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="500.00"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Fed

Full Name (Last, First, Middle Initial)

A. Cooper for North Carolina

Mailing Address 301 Hillsborough St
Ste 950

City Raleigh

State NC

Zip Code 27603-4273

Purpose of Disbursement
US Senate - North Carolina

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : 500471758

Amount of Each Disbursement this Period

[REDACTED]	5000.00
------------	---------

Memo Item US Senate - North Carolina

Full Name (Last, First, Middle Initial)

B. Darren Soto for Congress

Mailing Address PO Box 421349

City Kissimmee

State FL

Zip Code 34742-1349

Purpose of Disbursement
9th Congressional District-Florida

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	6

FEC Identification Number

C [REDACTED]

Transaction ID : 500465022

Amount of Each Disbursement this Period

[REDACTED]	1000.00
------------	---------

Memo Item 9th Congressional District-Florida

Full Name (Last, First, Middle Initial)

C. Lieder For Colorado

Mailing Address PO Box 620373

City Littleton

State CO

Zip Code 80162-0373

Purpose of Disbursement
State Senate-Colorado District 20

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : 500463643

Amount of Each Disbursement this Period

[REDACTED]	1000.00
------------	---------

Memo Item State Senate-Colorado District 20

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

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

[REDACTED]	7000.00
------------	---------

[REDACTED]	
------------	--

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)

Form for line numbers 21b-30b with checkboxes, where 30b is checked.

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)
Fed

Form A: Montserrat for Texas. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Montserrat for Texas. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Talarico for Texas. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Summary table with two rows: SUBTOTAL of Disbursements This Page (optional) and TOTAL This Period (last page this line number only).