

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DR JOHN JOYCE FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2026 To: M M / D D / Y Y Y Y 04 / 29 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	49146.09	1554939.72
(b) Total Contribution Refunds (from Line 20(d))	0.00	5500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	49146.09	1549439.72
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33596.08	710162.98
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	33596.08	710162.98
8. Cash on Hand at Close of Reporting Period (from Line 27)	3571066.02	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DR JOHN JOYCE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	18046.09	377438.65
(ii) Unitemized.....	100.00	1673.92
(iii) TOTAL of contributions from individuals ▶	18146.09	379112.57
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	31000.00	1175827.15
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	49146.09	1554939.72
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	438941.73
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	9718.90	133241.60
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	58864.99	2127123.05

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33596.08	710162.98
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	302141.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	302141.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1500.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	4000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	5500.00
21. OTHER DISBURSEMENTS	0.00	118212.28
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	33596.08	1136016.26

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3545797.11
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	58864.99
25. SUBTOTAL (add Line 23 and Line 24).....	3604662.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33596.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3571066.02

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ADKINS, LEAH, , ,

Mailing Address 1076 PINNACLE CLUB DR

City GROVE CITY State OH Zip Code 43123-7927

FEC ID number of contributing federal political committee. C

Name of Employer AVINA WOMENS CARE Occupation PHYSICIAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2026

Transaction ID : A93D94291E6FE450E8EF

Amount of Each Receipt this Period
260.25

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2026

Transaction ID : A5F8A4C618089420FA61

Amount of Each Receipt this Period
260.25

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

C. Full Name (Last, First, Middle Initial)
BERKLE, KEITH, , ,

Mailing Address 10430 GLADFELTER RD

City GLEN ALLEN State VA Zip Code 23059-1750

FEC ID number of contributing federal political committee. C

Name of Employer VIRGINIA WOMEN'S CENTER Occupation PHYSICIAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2026

Transaction ID : A4DD0A29051724153833

Amount of Each Receipt this Period
260.25

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 520.50

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2026

Transaction ID : **A693802069C1B49AA999**

Amount of Each Receipt this Period

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 227 12TH STREET, NE

City WASHINGTON State DC Zip Code 20002-6315

FEC ID number of contributing federal political committee.

Name of Employer Occupation
ALB SOLUTIONS CONSULTANT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2026

Transaction ID : **A2EDA025C7CCA4437A54**

Amount of Each Receipt this Period

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Transaction ID : **A9BFBF9DF08AA4FBDA3A**

Amount of Each Receipt this Period

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BUCSHON, LARRY, , ,

Mailing Address 3253 SUTTON PL NW
APT A

City WASHINGTON State DC Zip Code 20016-7531

FEC ID number of contributing federal political committee. C

Name of Employer HOLLAND AND KNIGHT, LLP Occupation POLICY ADVISOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1041.02

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

Transaction ID : ACAA128918FB64CBFB5F

Amount of Each Receipt this Period
1041.02

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

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

Transaction ID : A2643F8A1423A466F99E

Amount of Each Receipt this Period
1041.02

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

C. Full Name (Last, First, Middle Initial)
CONE, MARK, , ,

Mailing Address 3614 NOTTINGHAM ST

City HOUSTON State TX Zip Code 77005-2221

FEC ID number of contributing federal political committee. C

Name of Employer SELF EMPLOYED Occupation PHYSICIAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
04 10 2026

Transaction ID : A1D811511FD2941A0A51

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional) ▶ 1291.02

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 8 OF 34	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2026

Transaction ID : AA4DD0F075A1042F1AAE

Amount of Each Receipt this Period

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B. Full Name (Last, First, Middle Initial)
DECARIA, EDWARD, A., ,

Mailing Address 1327 CORAOPOLIS HEIGHTS RD

City CORAOPOLIS State PA Zip Code 15108-2960

FEC ID number of contributing federal political committee.

Name of Employer Occupation
PORTERS COMPOUNDING PHARMACY PHARMACIST

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 21 / 2026

Transaction ID : AA0544A29CF1C4E928CB

Amount of Each Receipt this Period

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 21 / 2026

Transaction ID : ACD62A2CA563D465CAAA

Amount of Each Receipt this Period

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
DOLISI, FRANK, , ,

Mailing Address 85 SAGAMORE DR

City SYOSSET State NY Zip Code 11791-1613

FEC ID number of contributing federal political committee. C

Name of Employer SQUARE CARE MEDICAL Occupation OBGYN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
520.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2026

Transaction ID : A847257D306D7415A851

Amount of Each Receipt this Period
520.51

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2026

Transaction ID : A5B48E7D5ABD148E392C

Amount of Each Receipt this Period
520.51

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

C. Full Name (Last, First, Middle Initial)
FELTZ, JOHN, , ,

Mailing Address 29 OLD ORCHARD RD

City MORRISTOWN State NJ Zip Code 07960-3321

FEC ID number of contributing federal political committee. C

Name of Employer LIFELINE MEDICAL ASSOCIATES Occupation PHYSICIAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 08 / 2026

Transaction ID : A0746054FBBA44642B74

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional).....▶ 1520.51

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 34	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 08 / 2026

Transaction ID : A67A28573F4264FD4BD0

Amount of Each Receipt this Period
1000.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 565 OVERLOOK RIM DR

City HENDERSON State NV Zip Code 89012-5862

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
WHASN PHYSICIAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2026

Transaction ID : A874AC46987D4485A902

Amount of Each Receipt this Period
300.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2026

Transaction ID : AFF464F67D6924D1CAC1

Amount of Each Receipt this Period
300.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KHOURY, ZIAD, , ,

Mailing Address 111 BRITTANY LN

City HOLLIDAYSBURG	State PA	Zip Code 16648-9269
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer CENTRAL PA CARDIOLOGY	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A52C61BFE7E094B7CBE6

Amount of Each Receipt this Period

Memo Item

SEE REATTRIBUTION BELOW

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

Mailing Address 111 BRITTANY LN

City HOLLIDAYSBURG	State PA	Zip Code 16648-9269
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer CENTRAL PA CARDIOLOGY	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A2AAC9A6F152C43A6AE8

Amount of Each Receipt this Period

Memo Item

REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
KHOURY, ZIAD, , ,

Mailing Address 111 BRITTANY LN

City HOLLIDAYSBURG	State PA	Zip Code 16648-9269
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer CENTRAL PA CARDIOLOGY	Occupation PHYSICIAN
---	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A8432351967414118BE2

Amount of Each Receipt this Period

Memo Item

REATTRIBUTION FROM

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KHOURY, NADA, , ,

Mailing Address 111 BRITTANY LN

City: HOLLIDAYSBURG State: PA Zip Code: 16648-9269

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: HOMEMAKER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID : A309F108773B42CB8B7

Amount of Each Receipt this Period
3500.00

Memo Item
REATTRIBUTION TO

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

Mailing Address 111 BRITTANY LN

City: HOLLIDAYSBURG State: PA Zip Code: 16648-9269

FEC ID number of contributing federal political committee: C

Name of Employer: NONE Occupation: HOMEMAKER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

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

Transaction ID : A40551E16B3524B4CA3F

Amount of Each Receipt this Period
1500.00

Memo Item
REATTRIBUTION TO

C. Full Name (Last, First, Middle Initial)
M KAMEL, ELENA, , ,

Mailing Address 1944 N MAUD AVE

City: CHICAGO State: IL Zip Code: 60614-4908

FEC ID number of contributing federal political committee: C

Name of Employer: MIDWEST CENTER Occupation: OBGYN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2026

Transaction ID : A430079D1E71F4182B3A

Amount of Each Receipt this Period
260.25

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.25

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 34	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 03 / 2026

Transaction ID : **AE0DDB41384744410AEE**

Amount of Each Receipt this Period
260.25

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 4948 ESKRIDGE TER NW

City WASHINGTON State DC Zip Code 20016-3443

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

Name of Employer Occupation
FARRAGUT PARTNERS CONSULTANT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2026

Transaction ID : **A23EEDFCA19B64A3E97D**

Amount of Each Receipt this Period
2500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2026

Transaction ID : **A3AC195862A3D4DF9B47**

Amount of Each Receipt this Period
2500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

SUBTOTAL of Receipts This Page (optional)..... ▶	2500.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NEIMAN, WADE, , ,

Mailing Address 1300 CRENSHAW CT

City LYNCHBURG State VA Zip Code 24503-1922

FEC ID number of contributing federal political committee. C

Name of Employer WOMENS HEALTH SERVICES OF CENTRAL Occupation PHYSICIAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

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

Transaction ID : A3D24E382131B4F1E951

Amount of Each Receipt this Period
260.25

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

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

Transaction ID : A59BFFB31B7E4455FB32

Amount of Each Receipt this Period
260.25

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

C. Full Name (Last, First, Middle Initial)
RENERG, DAN, H., ,

Mailing Address 8800 HONEYBEE LN

City BETHESDA State MD Zip Code 20817-6923

FEC ID number of contributing federal political committee. C

Name of Employer ARENTFOX SCHIFF LLP Occupation ATTORNEY

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2026

Transaction ID : A6326DB88BF2A4FFDB85

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional) ▶ 760.25

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

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

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

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

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2026

Transaction ID : AFF8EF3DAA048437583E

Amount of Each Receipt this Period
500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 11602 HALEY HOLW

City RICHMOND State TX Zip Code 77407-7915

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
PCCA CHAIRMAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2026

Transaction ID : A99445EB5209D4C5C9E9

Amount of Each Receipt this Period
1500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2026

Transaction ID : ACA8622D418844807909

Amount of Each Receipt this Period
1500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

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

1500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STOCK, KRISTA, , ,

Mailing Address 1888 SUFFOLK RD

City COLUMBUS State OH Zip Code 43221-4216

FEC ID number of contributing federal political committee. C

Name of Employer U.S. WOMEN'S HEALTH ALLIANCE Occupation EXECUTIVE DIRECTOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 08 / 2026

Transaction ID : ADDAC135049074CA3AA2

Amount of Each Receipt this Period
250.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 08 / 2026

Transaction ID : A52FBD5614EE94E3FBC0

Amount of Each Receipt this Period
250.00

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

C. Full Name (Last, First, Middle Initial)
STONE, JOHN, , ,

Mailing Address 1401 COVENTRY LN

City ALEXANDRIA State VA Zip Code 22304-1824

FEC ID number of contributing federal political committee. C

Name of Employer BGR GROUP Occupation CONSULTANT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
4625.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 16 / 2026

Transaction ID : A1000609B74AF4449AC3

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 16 / 2026

Transaction ID : A0E8CB38966F84159956

Amount of Each Receipt this Period

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address 4805 SEATON CT

City FORT WORTH State TX Zip Code 76132-1163

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNIFIED WOMENS HEALTHCARE OF TEXAS PHYSICIAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2026

Transaction ID : A430379357D294A8E844

Amount of Each Receipt this Period

Memo Item
REDESIGNATION FROM

C. Full Name (Last, First, Middle Initial)
SUBA, STEVEN, , ,

Mailing Address 4805 SEATON CT

City FORT WORTH State TX Zip Code 76132-1163

FEC ID number of contributing federal political committee.

Name of Employer Occupation
UNIFIED WOMENS HEALTHCARE OF TEXAS. PHYSICIAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2026

Transaction ID : ACDEA0D8EFFAC4D73B70

Amount of Each Receipt this Period

Memo Item
REDESIGNATION TO

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SUBA, STEVEN, , ,

Mailing Address 4805 SEATON CT

City FORT WORTH State TX Zip Code 76132-1163

FEC ID number of contributing federal political committee. C

Name of Employer UNIFIED WOMENS HEALTHCARE OF TEXAS Occupation PHYSICIAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3643.56

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2026

Transaction ID : A59D49DEE923A498089B

Amount of Each Receipt this Period
3643.56

Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2026

Transaction ID : ADBF65F10733841E482C

Amount of Each Receipt this Period
3643.56

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

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

Mailing Address 1500 ROUTE 112

City PORT JEFFERSON STA State NY Zip Code 11776-8054

FEC ID number of contributing federal political committee. C

Name of Employer NYCBS Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2026

Transaction ID : A18B85FA36FBF478194A

Amount of Each Receipt this Period
3500.00

Memo Item
PENDING RE-ATTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 7143.56

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

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

Mailing Address 1603 CAPITOL AVENUE
SUITE 413-B562

City CHEYENNE State WY Zip Code 82001

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
278014.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 07 / 2026

Transaction ID : **ADEE2D5BD9E074990901**

Amount of Each Receipt this Period
3500.00

Memo Item
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	18046.09

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ALLIANCE FOR AUTOMOTIVE INNOVATION PAC (AUTO PAC)

Mailing Address 1050 K ST NW
FL 6

City WASHINGTON State DC Zip Code 20001-4416

FEC ID number of contributing federal political committee. **C** C00516526

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 20 / 2026

Transaction ID : **A0CBCB19D2B7F4DEEAC7**

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVE NW
STE 600

City WASHINGTON State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 20 / 2026

Transaction ID : **A5233DF6A88E34CDCB54**

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
AMERICAN VETERINARY MEDICAL ASSOCIATION PAC

Mailing Address 400 N CAPITOL ST NW, STE 675

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00114132

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

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

Transaction ID : **A42D625B40AAE4A82812**

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 4000.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AMHP HOLDINGS CORP. POLITICAL ACTION COMMITTEE (AMERIHEALTH CARITAS PAC)

Mailing Address 3875 WEST CHESTER PIKE

City NEWTOWN SQUARE	State PA	Zip Code 19073
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00804096

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

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

Transaction ID : A2E7D564535E340A39E7

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 750 9TH ST NW

City WASHINGTON	State DC	Zip Code 20001-4524
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00194746

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

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

Transaction ID : A75F1C5D50394467185F

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CONSUMER TECHNOLOGY ASSOCIATION PAC

Mailing Address 1919 S EADS ST

City ARLINGTON	State VA	Zip Code 22202-3028
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00375048

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 17 / 2026

Transaction ID : A8BE9575251D44D4AB5F

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	4500.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ENCOMPASS HEALTH CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 9001 LIBERTY PARKWAY

City BIRMINGHAM	State AL	Zip Code 35242
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00414649

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 20 / 2026

Transaction ID : AB0F2B8BF7EA0428BB04

Amount of Each Receipt this Period
3500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GE HEALTHCARE TECHNOLOGIES INC. PAC

Mailing Address 1100 NEW YORK AVE NW
STE 300A

City WASHINGTON	State DC	Zip Code 20005-3934
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00830208

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2026

Transaction ID : A2F1BE91477534C07886

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 28 LIBERTY SHIP WAY
STE 2815

City SAUSALITO	State CA	Zip Code 94965-3321
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00721811

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2026

Transaction ID : AE0F490FE59A0435D895

Amount of Each Receipt this Period
2500.00

Memo Item

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

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

11000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 23 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

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

Mailing Address 430 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-4011

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2026

Transaction ID : A785503E2AF304AB48BA

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION AMERICA'S ELECTRIC COOPERATIVES PAC

Mailing Address 4301 WILSON BLVD

City ARLINGTON State VA Zip Code 22203-4419

FEC ID number of contributing federal political committee. **C** C00002972

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2026

Transaction ID : AAB372505EDD4DBCAAE

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 66 HUDSON BLVD EAST

City NEW YORK State NY Zip Code 10001

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2026

Transaction ID : A7E4FB154CECD4D759E8

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 34
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOCIETY FOR VASCULAR SURGERY PAC

Mailing Address 9400 W HIGGINS RD
STE 315

City ROSEMONT State IL Zip Code 60018-4975

FEC ID number of contributing federal political committee. **C** C00381459

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10000.00

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

Transaction ID : **AF7761675FE97475FAA5**

Amount of Each Receipt this Period
4000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE HERSHEY COMPANY PAC

Mailing Address 19 EAST CHOCOLATE AVENUE

City HERSHEY State PA Zip Code 17033

FEC ID number of contributing federal political committee. **C** C00200139

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 24 / 2026

Transaction ID : **A6180871A27914C6F9D4**

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	6000.00
TOTAL This Period (last page this line number only)..... ▶	31000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 34
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

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

Mailing Address 7911 MACON HWY

City WATKINSVILLE State GA Zip Code 30677-6050

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
133241.59

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 08 / 2026

Transaction ID : A2AD59E2A3E80481EBCD

Amount of Each Receipt this Period
9718.90

Memo Item
INTEREST INCOME

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	9718.90
TOTAL This Period (last page this line number only)..... ▶	9718.90

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AMERICAN EXPRESS		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address PO BOX 650448		FEC Identification Number C
City DALLAS	State TX	Zip Code 75265-0448
Purpose of Disbursement SEE MEMO ENTRIES		Amount of Each Disbursement this Period 6928.92
Candidate Name		Transaction ID : B4227B186D0F34A71840
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 1 SKYVIEW DR		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155-1801
Purpose of Disbursement AIRFARE		Amount of Each Disbursement this Period 254.42
Candidate Name		Transaction ID : B955A3E490FFC415F970
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. JW MARRIOTT		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 806 MAIN ST		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77002-6103
Purpose of Disbursement LODGING		Amount of Each Disbursement this Period 573.78
Candidate Name		Transaction ID : B9637C67473304293B38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6928.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. FAIRFIELD INN & SUITES		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 2915 PLEASANT VALLEY BLVD		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602-4305
Purpose of Disbursement LODGING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 1133.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B349ED2437B0345C0B76 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CAPITOL HILL CLUB		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 300 1ST ST SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1801
Purpose of Disbursement EVENT CATERING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 346.84
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : BB88FBED2D2AE43319D3 <input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SHEETZ CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 5700 6TH AVE		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16602-1111
Purpose of Disbursement PRINTING EXPENSE	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 970.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : BD505C42829D04B3883C <input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SOUTHWEST AIRLINES			Date of Disbursement MM / DD / YYYY 04 / 03 / 2026	
Mailing Address 2702 LOVE FIELD DR			FEC Identification Number C	
City DALLAS	State TX	Zip Code 75235-1908	Amount of Each Disbursement this Period 359.40	
Purpose of Disbursement AIRFARE		Category/ Type 002	Transaction ID : B5408EE68369F4D3E9CE	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. USPS			Date of Disbursement MM / DD / YYYY 04 / 03 / 2026	
Mailing Address 900 BRENTWOOD RD NE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20018-1004	Amount of Each Disbursement this Period 44.25	
Purpose of Disbursement POSTAGE		Category/ Type 001	Transaction ID : B11C0B3DEF647490F9AD	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. DELTA AIRLINES			Date of Disbursement MM / DD / YYYY 04 / 03 / 2026	
Mailing Address 1030 DELTA BLVD			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30354-1989	Amount of Each Disbursement this Period 839.79	
Purpose of Disbursement AIRFARE		Category/ Type 001	Transaction ID : B35407011AD0040928AB	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CHAMPS SPORTS GRILL		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 205 CHARLOTTE DR		FEC Identification Number C
City ALTOONA	State PA	Zip Code 16601-9351
Purpose of Disbursement EVENT CATERING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 411.38	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B154094CEED3D46D2B4A
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 1600 AMPHITHEATRE PKWY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1351
Purpose of Disbursement SOFTWARE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 152.06	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B9AEA6BDA14834E9D857
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 1455 MARKET ST. STE 400		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94103-1355
Purpose of Disbursement TRAVEL EXPENSE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 434.82	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BCFAB7C87AD174C948B9
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JAVA			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026	
Mailing Address 2300 ORACLE WY			FEC Identification Number C	
City AUSTIN	State TX	Zip Code 78741-1400	Amount of Each Disbursement this Period 96.60	
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : BC4086FB53D2D472EAF5	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. THE UPS STORE			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026	
Mailing Address 1002 LOGAN BLVD STE 114			FEC Identification Number C	
City ALTOONA	State PA	Zip Code 16602-4067	Amount of Each Disbursement this Period 71.98	
Purpose of Disbursement SHIPPING		Category/ Type 001	Transaction ID : BB745F60D9725470D868	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. BULLFEATHERS			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026	
Mailing Address 410 1ST ST SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003-1819	Amount of Each Disbursement this Period 171.60	
Purpose of Disbursement MEETING EXPENSE		Category/ Type 001	Transaction ID : B72AF896AE112404C83A	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 34			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. STRAIGHT TALK		Date of Disbursement MM / DD / YYYY 04 / 03 / 2026
Mailing Address 9700 NW 112TH AVE		FEC Identification Number C
City MEDLEY	State FL	Zip Code 33178-1353
Purpose of Disbursement TELEPHONE EXPENSE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 38.42	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. REPUBLICAN PARTY IN FRANKLIN COUNTY		Date of Disbursement MM / DD / YYYY 04 / 03 / 2026
Mailing Address 1931 PHILADELPHIA AVE		FEC Identification Number C
City CHAMBERSBURG	State PA	Zip Code 17201-1435
Purpose of Disbursement EVENT TICKETS	Category/Type 001	
Candidate Name REPUBLICAN PARTY IN FRANKLIN COUNTY	Amount of Each Disbursement this Period 225.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CLASSIC CITY BANK		Date of Disbursement MM / DD / YYYY 04 / 08 / 2026
Mailing Address 2365 W BROAD ST		FEC Identification Number C
City ATHENS	State GA	Zip Code 30606-3417
Purpose of Disbursement BANK FEE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 20.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	20.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARSALO, SOPHIA, , ,		Date of Disbursement MM / DD / YYYY 04 / 01 / 2026
Mailing Address 98 ASPEN DR		FEC Identification Number C
City DOWNTOWN	State PA	Zip Code 19335-4603
Purpose of Disbursement STRATEGY CONSULTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 500.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B220C9B4964E24874B21	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. PROFESSIONAL DATA SERVICES, INC.		Date of Disbursement MM / DD / YYYY 04 / 29 / 2026
Mailing Address 824 S MILLEDGE AVE STE 101		FEC Identification Number C
City ATHENS	State GA	Zip Code 30605-1332
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 1584.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B4F9B3BA1F03F49CAADE	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. RIGHT WAY STRATEGIES		Date of Disbursement MM / DD / YYYY 04 / 03 / 2026
Mailing Address 3790 PORTLAND TRAIL DR		FEC Identification Number C
City SUWANEE	State GA	Zip Code 30024-6772
Purpose of Disbursement STRATEGY CONSULTING	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B9218CBA6CD814375BD9	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7084.80
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. US DEPT OF TREASURY		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2026
Mailing Address 1500 PENNSYLVANIA AVENUE NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20220-0001
Purpose of Disbursement TAX PAYMENT		Amount of Each Disbursement this Period 18597.37
Candidate Name		Transaction ID : B185F5F3F2E0E429BA78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2026
Mailing Address 1776 WILSON BLVD STE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209-2517
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 362.92
Candidate Name		Transaction ID : BDCE462A737B8469A99F
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 1776 WILSON BLVD STE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209-2517
Purpose of Disbursement CC TRANSACTION FEES		Amount of Each Disbursement this Period 173.15
Candidate Name		Transaction ID : B0ACD8554845A4362BC7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	19133.44
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 34	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DR JOHN JOYCE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026
Mailing Address 1776 WILSON BLVD STE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209-2517
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 159.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B9A908599CFBC4EAAB17	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2026
Mailing Address 1776 WILSON BLVD STE 530		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209-2517
Purpose of Disbursement CC TRANSACTION FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 19.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : B0C4AFDF9F3864B61A88	
		<input type="checkbox"/> Memo Item

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

SUBTOTAL of Disbursements This Page (optional).....▶	178.92
TOTAL This Period (last page this line number only).....▶	33346.08