

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Friends of Beth Ellen Aduato

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

	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))	<input type="text" value="18407.92"/>	<input type="text" value="18407.92"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="18407.92"/>	<input type="text" value="18407.92"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="8932.27"/>	<input type="text" value="8932.27"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="8932.27"/>	<input type="text" value="8932.27"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="58283.65"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="51535.00"/>	

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

Friends of Beth Ellen Adubato

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).....	13650.00	13650.00
(ii) Unitemized.....	3818.18	3818.18
(iii) TOTAL of contributions from individuals ▶	17468.18	17468.18
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	939.74	939.74
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	18407.92	18407.92
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	48800.00	48800.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	48800.00	48800.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	8.00	8.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	67215.92	67215.92

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.....	8932.27	8932.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	8932.27	8932.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	67215.92
25. SUBTOTAL (add Line 23 and Line 24).....	67215.92
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8932.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	58283.65

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 37
(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)
Friends of Beth Ellen Adubato

A. Full Name (Last, First, Middle Initial)
Adubato, Carol, , ,

Mailing Address 290 Chiswell Pl

City Lake Mary State FL Zip Code 32746

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 30 / 2025

Transaction ID : A-41

Amount of Each Receipt this Period
250.00

Memo Item

Earmark via ActBlue on 2025-06-01

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
875.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2025

Transaction ID : A-41CM

Amount of Each Receipt this Period
875.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 290 Chiswell Pl

City Lake Mary State FL Zip Code 32746

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2025

Transaction ID : A-138

Amount of Each Receipt this Period
1000.00

Memo Item

Earmark via ActBlue on 2025-09-28

SUBTOTAL of Receipts This Page (optional)..... ▶	1250.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 37	
	<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)
Friends of Beth Ellen Adubato

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10840.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2025

Transaction ID : A-138CM

Amount of Each Receipt this Period
2370.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 328 Cove Drive

City Mantoloking State NJ Zip Code 08738

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

Name of Employer Occupation
Retired Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 12 / 2025

Transaction ID : A-174

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 13 Harvard Terrace

City West Orange State NJ Zip Code 07052

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

Name of Employer Occupation
Self Attorney

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
08 / 24 / 2025

Transaction ID : A-98

Amount of Each Receipt this Period
250.00

Memo Item

Earmark via ActBlue on 2025-08-24

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 37	
	<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)
Friends of Beth Ellen Adubato

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8160.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2025

Transaction ID : A-98CM

Amount of Each Receipt this Period
1170.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 800 Main Street Apt 309

City Belmar	State NJ	Zip Code 07719
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FEC ID number of contributing federal political committee. **C**

Name of Employer St. Peter's University	Occupation Teacher
--	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 31 / 2025

Transaction ID : A-38

Amount of Each Receipt this Period
250.00

Memo Item

Earmark via ActBlue on 2025-06-01

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
875.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2025

Transaction ID : A-38CM

Amount of Each Receipt this Period
875.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 37	
	<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)
Friends of Beth Ellen Adubato

A. Full Name (Last, First, Middle Initial)
Durkan, Tara, , ,

Mailing Address 520 Avenue B #4

City Redondo Beach	State CA	Zip Code 90277
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FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed	Occupation Not Employed
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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
 09 / 30 / 2025

Transaction ID : A-157

Amount of Each Receipt this Period
250.00

Memo Item

Earmark via ActBlue on 2025-09-30

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
12943.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2025

Transaction ID : A-157CM

Amount of Each Receipt this Period
2103.18

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 123 Oxford road

City New Rochelle	State NY	Zip Code 10804
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FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed	Occupation Not Employed
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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
 08 / 21 / 2025

Transaction ID : A-95

Amount of Each Receipt this Period
250.00

Memo Item

Earmark via ActBlue on 2025-08-24

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 9 OF 37	
<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)
Friends of Beth Ellen Adubato

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8160.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 24 / 2025

Transaction ID : A-95CM

Amount of Each Receipt this Period
1170.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 12 Oak St

City Bayville	State NJ	Zip Code 11709
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FEC ID number of contributing federal political committee. **C**

Name of Employer New York Institute of Technology	Occupation Adjunct Professor
--	---------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 07 / 2025

Transaction ID : A-172

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 8 Grove St.

City Manhattan	State NY	Zip Code 10014
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FEC ID number of contributing federal political committee. **C**

Name of Employer Not Employed	Occupation Not Employed
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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
 09 / 29 / 2025

Transaction ID : A-150

Amount of Each Receipt this Period
1000.00

Memo Item

Earmark via ActBlue on 2025-09-30

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: (check only one)		PAGE 10 OF 37	
	<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)
Friends of Beth Ellen Adubato

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

Mailing Address PO Box 441146

City: Somerville State: MA Zip Code: 02144

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

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 12943.18

Date of Receipt: 09 / 30 / 2025

Transaction ID : A-150CM

Amount of Each Receipt this Period: 2103.18

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 175 E 96th St

City: New York State: NY Zip Code: 10128-6200

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

Name of Employer: Occupation:
NA Self Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 500.00

Date of Receipt: 08 / 14 / 2025

Transaction ID : A-88

Amount of Each Receipt this Period: 500.00

Memo Item

Earmark via ActBlue on 2025-08-17

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

Mailing Address PO Box 441146

City: Somerville State: MA Zip Code: 02144

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

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 6990.00

Date of Receipt: 08 / 17 / 2025

Transaction ID : A-88CM

Amount of Each Receipt this Period: 1385.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

SUBTOTAL of Receipts This Page (optional).....▶	500.00
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 11 OF 37
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

A. Full Name (Last, First, Middle Initial)
Meade, Richard, , ,

Mailing Address 750 Ocean Royale Way, #202

City North Palm Beach State FL Zip Code 33408

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

Name of Employer Not Employed Occupation Not Employed

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
07 / 13 / 2025

Transaction ID : A-59

Amount of Each Receipt this Period
3500.00

Memo Item

Earmark via ActBlue on 2025-07-13

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5145.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 13 / 2025

Transaction ID : A-59CM

Amount of Each Receipt this Period
3600.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 212 Bears Club Drive

City Jupiter State FL Zip Code 33477

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

Name of Employer Not Employed Occupation Not Employed

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
09 / 23 / 2025

Transaction ID : A-128

Amount of Each Receipt this Period
250.00

Memo Item

Earmark via ActBlue on 2025-09-28

SUBTOTAL of Receipts This Page (optional)..... ▶ 3750.00

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 12 OF 37
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10840.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2025

Transaction ID : A-128CM

Amount of Each Receipt this Period
2370.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 32 Osborne Ave

City Southampton State NY Zip Code 11968

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 10 / 2025

Transaction ID : A-25

Amount of Each Receipt this Period
300.00

Memo Item

Earmark via ActBlue on 2025-06-15

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 15 / 2025

Transaction ID : A-25CM

Amount of Each Receipt this Period
300.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

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

300.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

A. Full Name (Last, First, Middle Initial)
Travers, Maureen, ,

Mailing Address 32 Osborne Ave

City Southampton State NY Zip Code 11968

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Date of Receipt
08 / 15 / 2025

Transaction ID : A-87

Amount of Each Receipt this Period
600.00

Memo Item

Earmark via ActBlue on 2025-08-17

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
6990.00

Date of Receipt
08 / 17 / 2025

Transaction ID : A-87CM

Amount of Each Receipt this Period
1385.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 174 Naughtright Rd

City Washington Township State NJ Zip Code 07853

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

Name of Employer Brian Varela Occupation Self Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
09 / 30 / 2025

Transaction ID : A-145

Amount of Each Receipt this Period
250.00

Memo Item

Earmark via ActBlue on 2025-09-30

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 37	
	<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)
Friends of Beth Ellen Adubato

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
12943.18

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : A-145CM

Amount of Each Receipt this Period
2103.18

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 1144 Sawmill Rd

City Mountainside State NJ Zip Code 07092

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 18 / 2025

Transaction ID : A-96

Amount of Each Receipt this Period
500.00

Memo Item

Earmark via ActBlue on 2025-08-24

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8160.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2025

Transaction ID : A-96CM

Amount of Each Receipt this Period
1170.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	13650.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 37	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

A. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence	State NJ	Zip Code 07974-2957
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University	Occupation Professor
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1820.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 27 / 2025

Transaction ID : A-37

Amount of Each Receipt this Period
20.00

Memo Item

Earmark via ActBlue on 2025-06-01

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
875.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 01 / 2025

Transaction ID : A-37CM

Amount of Each Receipt this Period
875.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

C. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence	State NJ	Zip Code 07974-2957
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University	Occupation Professor
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1840.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 27 / 2025

Transaction ID : A-29

Amount of Each Receipt this Period
20.00

Memo Item

Earmark via ActBlue on 2025-06-29

SUBTOTAL of Receipts This Page (optional)..... ▶	40.00
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 37	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1245.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		29		2025

Transaction ID : A-29CM

Amount of Each Receipt this Period
20.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

B. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence	State NJ	Zip Code 07974-2957
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University	Occupation Professor
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1876.57

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		15		2025

Transaction ID : A-191

Amount of Each Receipt this Period
36.57

Memo Item

IN KIND: Event Tickets

C. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence	State NJ	Zip Code 07974-2957
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University	Occupation Professor
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1896.57

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		27		2025

Transaction ID : A-74

Amount of Each Receipt this Period
20.00

Memo Item

Earmark via ActBlue on 2025-07-27

SUBTOTAL of Receipts This Page (optional)..... ▶	56.57
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 17 OF 37	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
5545.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07		27		2025

Transaction ID : A-74CM

Amount of Each Receipt this Period
95.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

B. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence	State NJ	Zip Code 07974-2957
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University	Occupation Professor
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2430.43

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		05		2025

Transaction ID : A-193

Amount of Each Receipt this Period
533.86

Memo Item
IN KIND: Lodging

C. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence	State NJ	Zip Code 07974-2957
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University	Occupation Professor
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2563.17

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		12		2025

Transaction ID : A-194

Amount of Each Receipt this Period
132.74

Memo Item
IN KIND: Business Cards

SUBTOTAL of Receipts This Page (optional)..... ▶	666.60
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 18 OF 37	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

A. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence	State NJ	Zip Code 07974-2957
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University	Occupation Professor
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2583.17

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 27 / 2025

Transaction ID : A-104

Amount of Each Receipt this Period
20.00

Memo Item

Earmark via ActBlue on 2025-08-31

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

Mailing Address PO Box 441146

City Somerville	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
8205.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 31 / 2025

Transaction ID : A-104CM

Amount of Each Receipt this Period
45.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

C. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence	State NJ	Zip Code 07974-2957
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University	Occupation Professor
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2619.74

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 12 / 2025

Transaction ID : A-192

Amount of Each Receipt this Period
36.57

Memo Item

IN KIND: Event Tickets

SUBTOTAL of Receipts This Page (optional)..... ▶	56.57
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 37
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

A. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City: New Providence State: NJ Zip Code: 07974-2957

FEC ID number of contributing federal political committee: **C** H6NJ07243

Name of Employer: Saint Peter's University Occupation: Professor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
42719.74

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : A-137

Amount of Each Receipt this Period
100.00

Memo Item

Earmark via ActBlue on 2025-09-28

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

Mailing Address PO Box 441146

City: Somerville State: MA Zip Code: 02144

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

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10840.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2025

Transaction ID : A-137CM

Amount of Each Receipt this Period
2370.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

C. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City: New Providence State: NJ Zip Code: 07974-2957

FEC ID number of contributing federal political committee: **C** H6NJ07243

Name of Employer: Saint Peter's University Occupation: Professor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
42739.74

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 27 / 2025

Transaction ID : A-132

Amount of Each Receipt this Period
20.00

Memo Item

Earmark via ActBlue on 2025-09-28

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.00

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 20 OF 37
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

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

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10840.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 28 / 2025

Transaction ID : A-132CM

Amount of Each Receipt this Period
2370.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution 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).....▶	939.74

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 OF 37
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

A. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence State NJ Zip Code 07974-2957

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University Occupation Professor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 17 / 2025

Transaction ID : A-168

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence State NJ Zip Code 07974-2957

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University Occupation Professor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 07 / 2025

Transaction ID : A-169

Amount of Each Receipt this Period
1300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence State NJ Zip Code 07974-2957

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University Occupation Professor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
42619.74

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 23 / 2025

Transaction ID : A-170

Amount of Each Receipt this Period
40000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 41800.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 22 OF 37	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

A. Full Name (Last, First, Middle Initial)
Adubato, Beth, Ellen, ,

Mailing Address 27 Green Way

City New Providence	State NJ	Zip Code 07974-2957
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** H6NJ07243

Name of Employer Saint Peter's University	Occupation Professor
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
49739.74

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		30		2025

Transaction ID : A-171

Amount of Each Receipt this Period
7000.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	7000.00
TOTAL This Period (last page this line number only)..... ▶	48800.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 37	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
Friends of Beth Ellen Adubato

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 07 / 13 / 2025
Mailing Address P.O. Box 441146		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Merchant Fees	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 142.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-60 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 07 / 20 / 2025
Mailing Address P.O. Box 441146		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Merchant Fees	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 12.07	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-70 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 07 / 27 / 2025
Mailing Address P.O. Box 441146		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Merchant Fees	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 3.76	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-76 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	158.03
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 24 OF 37	
	<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)
Friends of Beth Ellen Adubato

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 08 / 02 / 2025	
Mailing Address P.O. Box 441146			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 2.38	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : B-81	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 08 / 17 / 2025	
Mailing Address P.O. Box 441146			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 54.72	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : B-91	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 08 / 24 / 2025	
Mailing Address P.O. Box 441146			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 46.24	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : B-101	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	103.34
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 25 OF 37	
	<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)
Friends of Beth Ellen Adubato

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 08 / 28 / 2025	
Mailing Address P.O. Box 441146			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 1.78	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : B-106	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 09 / 06 / 2025	
Mailing Address P.O. Box 441146			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 2.18	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : B-111	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement MM / DD / YYYY 09 / 09 / 2025	
Mailing Address P.O. Box 441146			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 7.90	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : B-115	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	11.86
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 26 OF 37	
	<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)
Friends of Beth Ellen Adubato

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2025	
Mailing Address P.O. Box 441146			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 0.40	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : B-119	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 09 / 28 / 2025	
Mailing Address P.O. Box 441146			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 93.65	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : B-141	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2025	
Mailing Address P.O. Box 441146			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 83.11	
Purpose of Disbursement Merchant Fees		Category/ Type 001	Transaction ID : B-159	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	177.16
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 37	
	<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)
Friends of Beth Ellen Adubato

Full Name (Last, First, Middle Initial) A. Adubato, Beth, Ellen, ,			Date of Disbursement MM / DD / YYYY 07 / 15 / 2025	
Mailing Address 27 Green Way			FEC Identification Number C	
City New Providence	State NJ	Zip Code 07974-2957	Amount of Each Disbursement this Period 36.57	
Purpose of Disbursement IN KIND: Event Tickets		Category/ Type	Transaction ID : B-191	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Adubato, Beth, Ellen, ,			Date of Disbursement MM / DD / YYYY 08 / 05 / 2025	
Mailing Address 27 Green Way			FEC Identification Number C	
City New Providence	State NJ	Zip Code 07974-2957	Amount of Each Disbursement this Period 533.86	
Purpose of Disbursement IN KIND: Lodging		Category/ Type	Transaction ID : B-193	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Adubato, Beth, Ellen, ,			Date of Disbursement MM / DD / YYYY 08 / 12 / 2025	
Mailing Address 27 Green Way			FEC Identification Number C	
City New Providence	State NJ	Zip Code 07974-2957	Amount of Each Disbursement this Period 132.74	
Purpose of Disbursement IN KIND: Business Cards		Category/ Type	Transaction ID : B-194	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	703.17
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 37	
	<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)
Friends of Beth Ellen Adubato

Full Name (Last, First, Middle Initial) A. Adubato, Beth, Ellen, ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2025	
Mailing Address 27 Green Way			FEC Identification Number C	
City New Providence	State NJ	Zip Code 07974-2957	Amount of Each Disbursement this Period 36.57	
Purpose of Disbursement IN KIND: Event Tickets		Category/ Type	Transaction ID : B-192	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Corner Property Management			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2025	
Mailing Address 11 Cleveland Place			FEC Identification Number C	
City Springfield	State NJ	Zip Code 07081	Amount of Each Disbursement this Period 1760.00	
Purpose of Disbursement Office Rent		Category/ Type 001	Transaction ID : B-202	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Grim Strategies			Date of Disbursement M M / D D / Y Y Y Y 09 / 16 / 2025	
Mailing Address 365 Mccloud Fannin Road			FEC Identification Number C	
City Flowood	State MS	Zip Code 39232	Amount of Each Disbursement this Period 2508.00	
Purpose of Disbursement Campaign Management		Category/ Type 001	Transaction ID : B-204	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4304.57
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 37	
	<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)
Friends of Beth Ellen Adubato

Full Name (Last, First, Middle Initial) A. Hoffmaster, Allegra, , ,			Date of Disbursement MM / DD / YYYY 08 / 12 / 2025	
Mailing Address 175 E 96th St			FEC Identification Number C	
City New York	State NY	Zip Code 10128-6200	Amount of Each Disbursement this Period 125.00	
Purpose of Disbursement Social Media Management		Category/ Type 001	Transaction ID : B-182	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Hoffmaster, Allegra, , ,			Date of Disbursement MM / DD / YYYY 08 / 19 / 2025	
Mailing Address 175 E 96th St			FEC Identification Number C	
City New York	State NY	Zip Code 10128-6200	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Social Media Management		Category/ Type 001	Transaction ID : B-183	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Hoffmaster, Allegra, , ,			Date of Disbursement MM / DD / YYYY 08 / 25 / 2025	
Mailing Address 175 E 96th St			FEC Identification Number C	
City New York	State NY	Zip Code 10128-6200	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Social Media Management		Category/ Type 001	Transaction ID : B-184	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	525.00
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 37	
	<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)
Friends of Beth Ellen Adubato

Full Name (Last, First, Middle Initial) A. Hoffmaster, Allegra, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 02 / 2025	
Mailing Address 175 E 96th St			FEC Identification Number C	
City New York	State NY	Zip Code 10128-6200	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Social Media Management		Category/ Type 001	Transaction ID : B-195	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Hoffmaster, Allegra, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2025	
Mailing Address 175 E 96th St			FEC Identification Number C	
City New York	State NY	Zip Code 10128-6200	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Social Media Management		Category/ Type 001	Transaction ID : B-197	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Hoffmaster, Allegra, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2025	
Mailing Address 175 E 96th St			FEC Identification Number C	
City New York	State NY	Zip Code 10128-6200	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement Social Media Management		Category/ Type 001	Transaction ID : B-198	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	600.00
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 37	
	<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)
Friends of Beth Ellen Adubato

Full Name (Last, First, Middle Initial) A. Hoffmaster, Allegra, , ,		Date of Disbursement MM / DD / YYYY 09 / 23 / 2025
Mailing Address 175 E 96th St		FEC Identification Number C
City New York	State NY	Zip Code 10128-6200
Purpose of Disbursement Social Media Management	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-199 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Hoffmaster, Allegra, , ,		Date of Disbursement MM / DD / YYYY 09 / 23 / 2025
Mailing Address 175 E 96th St		FEC Identification Number C
City New York	State NY	Zip Code 10128-6200
Purpose of Disbursement Social Media Management	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-200 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Start Out Fresh Intervention Advocates		Date of Disbursement MM / DD / YYYY 08 / 15 / 2025
Mailing Address PO Box 674		FEC Identification Number C
City Montclair	State NJ	Zip Code 07042
Purpose of Disbursement Donation	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: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B-186 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	900.00
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 37			
	<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)
Friends of Beth Ellen Adubato

Full Name (Last, First, Middle Initial) A. Villaver, Alexa, , ,			Date of Disbursement MM / DD / YYYY 05 / 20 / 2025		
Mailing Address 256 Gates Avenue			FEC Identification Number C		
City Jersey City	State NJ	Zip Code 07305	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Website Design		Category/ Type 001	Transaction ID : B-179		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. Villaver, Alexa, , ,			Date of Disbursement MM / DD / YYYY 06 / 12 / 2025		
Mailing Address 256 Gates Avenue			FEC Identification Number C		
City Jersey City	State NJ	Zip Code 07305	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Website Design		Category/ Type 001	Transaction ID : B-181		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Villaver, Alexa, , ,			Date of Disbursement MM / DD / YYYY 09 / 08 / 2025		
Mailing Address 256 Gates Avenue			FEC Identification Number C		
City Jersey City	State NJ	Zip Code 07305	Amount of Each Disbursement this Period 300.00		
Purpose of Disbursement Website Design		Category/ Type 001	Transaction ID : B-196		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	900.00
TOTAL This Period (last page this line number only).....▶	8383.13

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-168**
 Friends of Beth Ellen Adubato

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Adubato, Beth, Ellen, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 27 Green Way		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City New Providence	State NJ	ZIP Code 07974-2957
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 500.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 17 / 2025	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 500.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-169**
 Friends of Beth Ellen Adubato

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Adubato, Beth, Ellen, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 27 Green Way		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City New Providence	State NJ	ZIP Code 07974-2957
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1300.00	0.00	1300.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 07 / 2025	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	1300.00
TOTALS This Period (last page in this line only).....▶	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-170**
 Friends of Beth Ellen Adubato

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Adubato, Beth, Ellen, ,		<input checked="" type="checkbox"/> Primary
Mailing Address 27 Green Way		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City New Providence	State NJ	ZIP Code 07974-2957
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 40000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 40000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 23 / 2025	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	40000.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Friends of Beth Ellen Adubato** Transaction ID : **C-171**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Adubato, Beth, Ellen, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
27 Green Way			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
New Providence	NJ	07974-2957	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	09 / 30 / 2025			

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	State
ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	7000.00
TOTALS This Period (last page in this line only).....▶	48800.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 37 OF 37
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)

Friends of Beth Ellen Adubato

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Adubato, Beth, Ellen, ,			Nature of Debt (Purpose): Photography Services
Mailing Address 27 Green Way			
City New Providence	State NJ	Zip Code 07974-2957	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D-187	
Amount Incurred This Period 1225.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1225.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Adubato, Beth, Ellen, ,			Nature of Debt (Purpose): Event Sponsorship
Mailing Address 27 Green Way			
City New Providence	State NJ	Zip Code 07974-2957	

Outstanding Balance Beginning This Period 0.00	Transaction ID : D-189	
Amount Incurred This Period 1510.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1510.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	2735.00
2) TOTALS This Period (last page this line number only)	2735.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	48800.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	51535.00