



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**DITTMER FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	17862.98	36549.92
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	30.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	17862.98	36519.92
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	12040.44	13995.75
(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)) .....	12040.44	13995.75
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	24677.66	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	150.00	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**DITTMER FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7101.98	21551.98
(ii) Unitemized.....	10761.00	14997.94
(iii) TOTAL of contributions from individuals ▶	17862.98	36549.92
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17862.98	36549.92
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	2000.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	1208.66
(b) All Other Loans.....	150.00	150.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	150.00	1358.66
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	3.44	3.49
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	18016.42	39912.07

**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.....	12040.44	13995.75
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	1208.66	1208.66
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	1208.66	1208.66
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	30.00
(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	30.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	13249.10	15234.41

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19910.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	18016.42
25. SUBTOTAL (add Line 23 and Line 24).....	37926.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13249.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	24677.66

# 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 5 OF 39	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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)  
**DITTMER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Barrett, Leah, , ,

Mailing Address 3059 Fish Story Ct

City Fort Mill	State SC	Zip Code 19708
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FEC ID number of contributing federal political committee.

Name of Employer Blumethal Arts	Occupation Marketing
------------------------------------	-------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4861**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Chittick, Hilary, , ,

Mailing Address P.O. Box 169

City Fresno	State CA	Zip Code 93707
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FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4609**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Clark, Annmarie, , ,

Mailing Address 1216 Independence St

City Tega Cay	State SC	Zip Code 29708
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FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4816**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="360.00"/>
<b>TOTAL</b> 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 6 OF 39  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Clasen, John, , ,

Mailing Address 2316 Jade Ln

City Fort Mill State SC Zip Code 29708

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 30 / 2025

Transaction ID : SA11AI.4809

Amount of Each Receipt this Period  
25.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Eiler, Linda, , ,

Mailing Address 29 Quayside Ct

City Clover State SC Zip Code 29710

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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 06 / 2025

Transaction ID : SA11AI.4788

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Fairclough, Lisa, , ,

Mailing Address 7120 Topsail Circle

City Fort Mill State SC Zip Code 29708

FEC ID number of contributing federal political committee. C

Name of Employer First Citizen Bank Occupation Risk Management

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  
10 / 01 / 2025

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 775.00

**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 7 OF 39  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Foerster, Dave, , ,

Mailing Address 5589 Morris Hunt Dr

City: Fort Mill      State: SC      Zip Code: 29708

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  
10 / 27 / 2025

Transaction ID : SA11AI.4727

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Gadow, Devon, , ,

Mailing Address 4723 Lapis Ct

City: Fort Mill      State: SC      Zip Code: 29708

FEC ID number of contributing federal political committee: C

Name of Employer: TNTP      Occupation: Partner

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
540.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : SA11AI.4692

Amount of Each Receipt this Period  
40.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Gadow, Devon, , ,

Mailing Address 4723 Lapis Ct

City: Fort Mill      State: SC      Zip Code: 29708

FEC ID number of contributing federal political committee: C

Name of Employer: TNTP      Occupation: Partner

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1540.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2025

Transaction ID : SA11AI.4858

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1290.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 39  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Hart, Christy, , ,

Mailing Address 1131 Mercer Ave.

City Argyle State TX Zip Code 76226

FEC ID number of contributing federal political committee. C

Name of Employer Christy Hart Occupation Realtor

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 540.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 21 / 2025

Transaction ID : SA11AI.4716

Amount of Each Receipt this Period  
40.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Ingersoll, Diane, , ,

Mailing Address 6107 Chandler Rd

City Clover State SC Zip Code 29710

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 02 / 2025

Transaction ID : SA11AI.4886

Amount of Each Receipt this Period  
250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Ingersoll, Diane, , ,

Mailing Address 6107 Chandler Rd

City Clover State SC Zip Code 29710

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Retired

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2025

Transaction ID : SA11AI.4890

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 540.00

**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 39	
	<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)  
**DITTMER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Ingersoll, Diane, , ,

Mailing Address 6107 Chandler Rd

City Clover	State SC	Zip Code 29710
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FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Retired
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4814**

Amount of Each Receipt this Period

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Kang, Kacy, , ,

Mailing Address 905 Stratford Run Dr

City For tMill	State SC	Zip Code 29708
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FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4717**

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Kang, Kacy, , ,

Mailing Address 905 Stratford Run Dr

City For tMill	State SC	Zip Code 29708
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FEC ID number of contributing federal political committee.

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11AI.4774**

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="250.00"/>
<b>TOTAL</b> 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 10 OF 39  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Keegan, Lenny, , ,

Mailing Address 3443 Peacock Run

City Fort Mill State SC Zip Code 29708

FEC ID number of contributing federal political committee. C

Name of Employer Self Occupation Consultant

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  
10 / 02 / 2025

Transaction ID : SA11AI.4595

Amount of Each Receipt this Period  
250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Kohlmeyer, Jeffrey, , ,

Mailing Address 11166 Wheatonville Rd

City Elberfeld State IN Zip Code 47613

FEC ID number of contributing federal political committee. C

Name of Employer IFM Occupation Sales

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  
10 / 27 / 2025

Transaction ID : SA11AI.4891

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Lannon, Michael, , ,

Mailing Address 10 Old Fox Trail

City Lake Wylie State SC Zip Code 29710

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  
12 / 12 / 2025

Transaction ID : SA11AI.4901

Amount of Each Receipt this Period  
250.00

Memo Item

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

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

1000.00

# 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 39  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
LaRoche, Justin, , ,

Mailing Address 882 Stratford Run Dr

City Fort Mill State SC Zip Code 29708

FEC ID number of contributing federal political committee. C

Name of Employer Duke Energy Occupation Development Director

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
520.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 01 / 2025

Transaction ID : SA11AI.4466

Amount of Each Receipt this Period  
20.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Okafor, Dionne, , ,

Mailing Address 8 Derby Way

City Bloomington State IL Zip Code 61704

FEC ID number of contributing federal political committee. C

Name of Employer The Anesthesia Group Occupation Physician

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  
10 / 01 / 2025

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Quesada, Carmen, , ,

Mailing Address 2244 Iron Works Dr

City Clover State SC Zip Code 29710

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 ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 07 / 2025

Transaction ID : SA11AI.4624

Amount of Each Receipt this Period  
250.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 770.00

**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 12 OF 39  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Quesada, Carmen, , ,

Mailing Address 2244 Iron Works Dr

City: Clover State: SC Zip Code: 29710

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: 750.00

Date of Receipt: 11 / 07 / 2025

Transaction ID : SA11AI.4747

Amount of Each Receipt this Period: 250.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Quesada, Carmen, , ,

Mailing Address 2244 Iron Works Dr

City: Clover State: SC Zip Code: 29710

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: 1000.00

Date of Receipt: 12 / 07 / 2025

Transaction ID : SA11AI.4791

Amount of Each Receipt this Period: 250.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Scott, Saran, , ,

Mailing Address 2549 Sandy Ridge Run

City: Rock Hill State: SC Zip Code: 29732

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: 916.98

Date of Receipt: 10 / 01 / 2025

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period: 916.98

Memo Item  
In-kind - Campaign Stickers

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1416.98
<b>TOTAL</b> 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 13 OF 39  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Shutt, Wynetka, A., ,

Mailing Address 135 Able Harmon Ln

City Lexington State SC Zip Code 29072

FEC ID number of contributing federal political committee. C

Name of Employer Burnette Shutt & McDaniel, PA Occupation Attorney

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  
11 20 2025

Transaction ID : SA11AI.4766

Amount of Each Receipt this Period  
100.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Shutt, Wynetka, A., ,

Mailing Address 135 Able Harmon Ln

City Lexington State SC Zip Code 29072

FEC ID number of contributing federal political committee. C

Name of Employer Burnette Shutt & McDaniel, PA Occupation Attorney

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 20 2025

Transaction ID : SA11AI.4800

Amount of Each Receipt this Period  
100.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Thompson, Daphne, , ,

Mailing Address 3946 Rockfern Rd

City Charlotte State NC Zip Code 28217

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  
10 01 2025

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period  
250.00

Memo Item

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

**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 14 OF 39  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Worrell, Linda, , ,  
Mailing Address 53 Old Fox Trail  
City Clover State SC Zip Code 29710  
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  
12 / 04 / 2025  
Transaction ID : SA11AI.4786  
Amount of Each Receipt this Period  
250.00  
 Memo Item

**B.** Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period  
 Memo Item

**C.** Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. C  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7101.98

# 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 39  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Lorraine, Alisa, , ,

Mailing Address 2723 Oxbow Ct

City Fort Mill State SC Zip Code 29708

FEC ID number of contributing federal political committee.

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : SA13B.4524

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
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.

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="150.00"/>

# 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 16 OF 39	
	<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)  
**DITTMER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 19th at the Warehouses</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025	
Mailing Address 130 W White Street Suite B			FEC Identification Number <b>C</b> C00918177	
City Rock Hill	State SC	Zip Code 29730	Amount of Each Disbursement this Period 458.10	
Purpose of Disbursement Event Space & Beverages		Category/ Type	Transaction ID : <b>SB17.4545</b>	
Candidate Name DITTMER FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: SC District: 05				

Full Name (Last, First, Middle Initial) <b>B. Actblue</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025	
Mailing Address PO BOX 441146			FEC Identification Number <b>C</b> C00918177	
City SOMERVILLE	State MA	Zip Code 02144	Amount of Each Disbursement this Period 457.13	
Purpose of Disbursement ActBlue Fees - Q4 2025		Category/ Type	Transaction ID : <b>SB17.4921</b>	
Candidate Name DITTMER FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: SC District: 05				

Full Name (Last, First, Middle Initial) <b>C. Bows &amp; Balloons</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2025	
Mailing Address 6204 Six String Ct			FEC Identification Number <b>C</b> C00918177	
City Fort Mill	State SC	Zip Code 29708	Amount of Each Disbursement this Period 205.44	
Purpose of Disbursement Balloons		Category/ Type	Transaction ID : <b>SB17.4550</b>	
Candidate Name DITTMER FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: SC District: 05				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1120.67
<b>TOTAL</b> 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 17 OF 39	
	<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)  
**DITTMER FOR CONGRESS**

**A. MBK Brands, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 899 Stratford Run Drive

City Fort Mill State SC Zip Code 29708

Purpose of Disbursement  
Logo Design & Website Development

Candidate Name  
DITTMER FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: SC District: 05

Date of Disbursement  
M M / D D / Y Y Y Y  
10 / 17 / 2025

FEC Identification Number  
C C00918177

Amount of Each Disbursement this Period  
1500.00

Transaction ID : SB17.4558

Memo Item

**B. MBK Brands, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 899 Stratford Run Drive

City Fort Mill State SC Zip Code 29708

Purpose of Disbursement  
Social Media Design & Development, Brand Asset Design

Candidate Name  
DITTMER FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: SC District: 05

Date of Disbursement  
M M / D D / Y Y Y Y  
11 / 15 / 2025

FEC Identification Number  
C C00918177

Amount of Each Disbursement this Period  
1250.00

Transaction ID : SB17.4936

Memo Item

**C. MBK Brands, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 899 Stratford Run Drive

City Fort Mill State SC Zip Code 29708

Purpose of Disbursement  
Social Media Design & Development, Brand Asset Design

Candidate Name  
DITTMER FOR CONGRESS

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: SC District: 05

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 15 / 2025

FEC Identification Number  
C C00918177

Amount of Each Disbursement this Period  
1250.00

Transaction ID : SB17.4937

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 4000.00

**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 18 OF 39	
	<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)  
**DITTMER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Mint Mobile**

Mailing Address 17870 Newhope Street  
Suite 104-15

City Fountain Valley State CA Zip Code 92708

Purpose of Disbursement Campaign Phone SIM / Plan

Candidate Name DITTMER FOR CONGRESS

Office Sought:  House  Senate  President  
State: SC District: 05

Disbursement For: 2026  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 11 / 2025

FEC Identification Number: C C00918177

Amount of Each Disbursement this Period: 206.69

Transaction ID : SB17.4569

Memo Item

Full Name (Last, First, Middle Initial)

**B. Numero**

Mailing Address 695 Town Center Drive  
Suite 1100

City Costa Mesa State CA Zip Code 92626

Purpose of Disbursement Fundraising Software

Candidate Name DITTMER FOR CONGRESS

Office Sought:  House  Senate  President  
State: SC District: 05

Disbursement For: 2026  Primary  General  Other (specify) ▼

Date of Disbursement: 10 / 15 / 2025

FEC Identification Number: C C00918177

Amount of Each Disbursement this Period: 1500.00

Transaction ID : SB17.4552

Memo Item

Full Name (Last, First, Middle Initial)

**C. Numero**

Mailing Address 695 Town Center Drive  
Suite 1100

City Costa Mesa State CA Zip Code 92626

Purpose of Disbursement Fundraising Software

Candidate Name DITTMER FOR CONGRESS

Office Sought:  House  Senate  President  
State: SC District: 05

Disbursement For: 2026  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 02 / 2025

FEC Identification Number: C C00918177

Amount of Each Disbursement this Period: 1074.00

Transaction ID : SB17.4565

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2780.69

**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 19 OF 39	
	<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)  
**DITTMER FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Numero		M M / D D / Y Y Y Y 11 / 30 / 2025	
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number	
City Costa Mesa	State CA	Zip Code 92626	C C00918177
Purpose of Disbursement Fundraising Software		Category/ Type	Amount of Each Disbursement this Period
Candidate Name DITTMER FOR CONGRESS			1650.00
Office Sought: <input checked="" 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 : SB17.4576
State: SC District: 05			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Numero		M M / D D / Y Y Y Y 12 / 31 / 2025	
Mailing Address 695 Town Center Drive Suite 1100		FEC Identification Number	
City Costa Mesa	State CA	Zip Code 92626	C C00918177
Purpose of Disbursement Numero - Q4 Fundraising Fees		Category/ Type	Amount of Each Disbursement this Period
Candidate Name DITTMER FOR CONGRESS			104.72
Office Sought: <input checked="" 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 : SB17.4922
State: SC District: 05			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Scott, Saran, , ,		M M / D D / Y Y Y Y 10 / 01 / 2025	
Mailing Address 2549 Sandy Ridge Run		FEC Identification Number	
City Rock Hill	State SC	Zip Code 29732	C C00918177
Purpose of Disbursement In-kind - Campaign Stickers		Category/ Type	Amount of Each Disbursement this Period
Candidate Name DITTMER FOR CONGRESS			916.98
Office Sought: <input checked="" 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 : SB17.4913
State: SC District: 05			<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2671.70
<b>TOTAL</b> 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 20 OF 39	
	<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)  
**DITTMER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. Simona Walters Photography**

Mailing Address 988 Prince Garrett Way

City Denver State NC Zip Code 28037

Purpose of Disbursement Campaign Photo Shoot

Candidate Name DITTMER FOR CONGRESS

Office Sought:  House  Senate  President  
State: SC District: 05

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 11 / 11 / 2025

FEC Identification Number: C C00918177

Amount of Each Disbursement this Period: 425.00

Transaction ID : SB17.4582

Memo Item

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

Mailing Address 8 Clarkson St

City New York State NY Zip Code 10014

Purpose of Disbursement Website & Email Services

Candidate Name DITTMER FOR CONGRESS

Office Sought:  House  Senate  President  
State: SC District: 05

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 10 / 19 / 2025

FEC Identification Number: C C00918177

Amount of Each Disbursement this Period: 44.94

Transaction ID : SB17.4563

Memo Item

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

Mailing Address 8 Clarkson St

City New York State NY Zip Code 10014

Purpose of Disbursement Website & Email Services

Candidate Name DITTMER FOR CONGRESS

Office Sought:  House  Senate  President  
State: SC District: 05

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Date of Disbursement: 11 / 13 / 2025

FEC Identification Number: C C00918177

Amount of Each Disbursement this Period: 44.94

Transaction ID : SB17.4571

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 514.88

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 39	
	<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)  
**DITTMER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. Squarespace**

Mailing Address 8 Clarkson St

City New York State NY Zip Code 10014

Purpose of Disbursement Website & Email Services

Candidate Name DITTMER FOR CONGRESS

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: SC District: 05

Date of Disbursement: 11 / 14 / 2025

FEC Identification Number: C C00918177

Amount of Each Disbursement this Period: 89.84

Transaction ID : SB17.4917

Memo Item

Full Name (Last, First, Middle Initial)

**B. Squarespace**

Mailing Address 8 Clarkson St

City New York State NY Zip Code 10014

Purpose of Disbursement Website & Email Services

Candidate Name DITTMER FOR CONGRESS

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: SC District: 05

Date of Disbursement: 12 / 18 / 2025

FEC Identification Number: C C00918177

Amount of Each Disbursement this Period: 44.94

Transaction ID : SB17.4580

Memo Item

Full Name (Last, First, Middle Initial)

**C. Squarespace**

Mailing Address 8 Clarkson St

City New York State NY Zip Code 10014

Purpose of Disbursement Website & Email Services

Candidate Name DITTMER FOR CONGRESS

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: SC District: 05

Date of Disbursement: 12 / 29 / 2025

FEC Identification Number: C C00918177

Amount of Each Disbursement this Period: 29.96

Transaction ID : SB17.4581

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 164.74

**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 22 OF 39	
	<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)  
**DITTMER FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. USPS</b>		M M / D D / Y Y Y Y 10 / 23 / 2025
Mailing Address 201 Tom Hall St		FEC Identification Number
City Fort Mill	State SC	Zip Code 29715
Purpose of Disbursement Stamps	Category/ Type	
Candidate Name DITTMER FOR CONGRESS	Amount of Each Disbursement this Period 124.75	
Office Sought: <input checked="" 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: SC District: 05	Transaction ID : SB17.4564 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B.</b>		M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number
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	

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C.</b>		M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	124.75
<b>TOTAL</b> This Period (last page this line number only).....▶	11377.43

# 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 39	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dittmer, Mallory, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025
Mailing Address PO Box 101		FEC Identification Number <b>C</b> C00918177
City Fort Mill	State SC	Zip Code 29716
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 48.36
Candidate Name DITTMER FOR CONGRESS		Transaction ID : <b>SB19A.4506</b>
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: SC District: 05		

Full Name (Last, First, Middle Initial) <b>B. Dittmer, Mallory, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025
Mailing Address PO Box 101		FEC Identification Number <b>C</b> C00918177
City Fort Mill	State SC	Zip Code 29716
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 96.00
Candidate Name DITTMER FOR CONGRESS		Transaction ID : <b>SB19A.4512</b>
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: SC District: 05		

Full Name (Last, First, Middle Initial) <b>C. Dittmer, Mallory, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025
Mailing Address PO Box 101		FEC Identification Number <b>C</b> C00918177
City Fort Mill	State SC	Zip Code 29716
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 143.26
Candidate Name DITTMER FOR CONGRESS		Transaction ID : <b>SB19A.4514</b>
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: SC District: 05		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	287.62
<b>TOTAL</b> 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 39	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dittmer, Mallory, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025	
Mailing Address PO Box 101			FEC Identification Number <b>C</b> C00918177	
City Fort Mill	State SC	Zip Code 29716	Amount of Each Disbursement this Period 184.90	
Purpose of Disbursement Loan Repayment		Category/ Type	Transaction ID : <b>SB19A.4515</b>	
Candidate Name DITTMER FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: SC District: 05				

Full Name (Last, First, Middle Initial) <b>B. Dittmer, Mallory, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025	
Mailing Address PO Box 101			FEC Identification Number <b>C</b> C00918177	
City Fort Mill	State SC	Zip Code 29716	Amount of Each Disbursement this Period 64.80	
Purpose of Disbursement Loan Repayment		Category/ Type	Transaction ID : <b>SB19A.4516</b>	
Candidate Name DITTMER FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: SC District: 05				

Full Name (Last, First, Middle Initial) <b>C. Dittmer, Mallory, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025	
Mailing Address PO Box 101			FEC Identification Number <b>C</b> C00918177	
City Fort Mill	State SC	Zip Code 29716	Amount of Each Disbursement this Period 27.79	
Purpose of Disbursement Loan Repayment		Category/ Type	Transaction ID : <b>SB19A.4517</b>	
Candidate Name DITTMER FOR CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: SC District: 05				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	277.49
<b>TOTAL</b> 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 39	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dittmer, Mallory, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025
Mailing Address PO Box 101		FEC Identification Number <b>C</b> C00918177
City Fort Mill	State SC	Zip Code 29716
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 44.94
Candidate Name DITTMER FOR CONGRESS		Transaction ID : <b>SB19A.4518</b>
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: SC District: 05		

Full Name (Last, First, Middle Initial) <b>B. Dittmer, Mallory, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025
Mailing Address PO Box 101		FEC Identification Number <b>C</b> C00918177
City Fort Mill	State SC	Zip Code 29716
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 233.47
Candidate Name DITTMER FOR CONGRESS		Transaction ID : <b>SB19A.4519</b>
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: SC District: 05		

Full Name (Last, First, Middle Initial) <b>C. Dittmer, Mallory, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025
Mailing Address PO Box 101		FEC Identification Number <b>C</b> C00918177
City Fort Mill	State SC	Zip Code 29716
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 158.62
Candidate Name DITTMER FOR CONGRESS		Transaction ID : <b>SB19A.4520</b>
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: SC District: 05		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	437.03
<b>TOTAL</b> 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 39	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DITTMER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Dittmer, Mallory, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025
Mailing Address PO Box 101		FEC Identification Number C C00918177
City Fort Mill	State SC	Zip Code 29716
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 16.04
Candidate Name DITTMER FOR CONGRESS		Transaction ID : SB19A.4521
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: SC District: 05		

Full Name (Last, First, Middle Initial) <b>B. Dittmer, Mallory, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025
Mailing Address PO Box 101		FEC Identification Number C C00918177
City Fort Mill	State SC	Zip Code 29716
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 160.49
Candidate Name DITTMER FOR CONGRESS		Transaction ID : SB19A.4522
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: SC District: 05		

Full Name (Last, First, Middle Initial) <b>C. Dittmer, Mallory, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2025
Mailing Address PO Box 101		FEC Identification Number C C00918177
City Fort Mill	State SC	Zip Code 29716
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period 29.99
Candidate Name DITTMER FOR CONGRESS		Transaction ID : SB19A.4523
Office Sought: <input checked="" 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) ▼	<input type="checkbox"/> Memo Item
State: SC District: 05		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	206.52
<b>TOTAL</b> This Period (last page this line number only).....▶	1208.66

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **DITTMER FOR CONGRESS** Transaction ID : **SC/10.4422**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Dittmer, Mallory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 101			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Fort Mill	SC	29716	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
48.36	48.36	0.00

<b>TERMS</b>	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
	08 / 18 / 2025	12/31/2025		

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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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) **DITTMER FOR CONGRESS** Transaction ID : **SC/10.4420**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Dittmer, Mallory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 101			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Fort Mill	State SC	ZIP Code 29716	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
96.00	96.00	0.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 29 / 2025	12/31/2025	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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) **DITTMER FOR CONGRESS** Transaction ID : **SC/10.4417**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Dittmer, Mallory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 101			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Fort Mill	SC	29716	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
143.26	143.26	0.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 30 / 2025	M M / D D / Y Y Y Y 12/31/2025	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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) **DITTMER FOR CONGRESS** Transaction ID : **SC/10.4424**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Dittmer, Mallory, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 101		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Fort Mill	State SC	ZIP Code 29716
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
184.90	184.90	0.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 06 / 2025	M M / D D / Y Y Y Y 12/31/2025	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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) **DITTMER FOR CONGRESS** Transaction ID : **SC/10.4426**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Dittmer, Mallory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 101			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Fort Mill	State SC	ZIP Code 29716	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
64.80	64.80	0.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 18 / 2025	12/31/2025	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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 : SC/10.4431  
**DITTMER FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Dittmer, Mallory, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 101		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City Fort Mill	State SC	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
27.79	27.79	0.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 19 / 2025	M M / D D / Y Y Y Y 12/31/2025	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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) **DITTMER FOR CONGRESS** Transaction ID : **SC/10.4434**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2026
Dittmer, Mallory, , ,				<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 101				<input type="checkbox"/> General
City Fort Mill			State SC	ZIP Code 29716
				<input type="checkbox"/> Other (specify) ▼
			<input type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
233.47	233.47	0.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 28 / 2025	12/31/2025	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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 : SC/10.4436  
**DITTMER FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Dittmer, Mallory, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 101		
City Fort Mill	State SC	ZIP Code 29716
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
158.62	158.62	0.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 28 / 2025	M M / D D / Y Y Y Y 12/31/2025	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: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="0.00"/>
<b>TOTALS</b> This Period (last page in this line only) .....▶	<input style="width: 100%;" type="text"/>

**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) **DITTMER FOR CONGRESS** Transaction ID : **SC/10.4432**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Dittmer, Mallory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 101			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Fort Mill	SC	29716	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
44.94	44.94	0.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 29 / 2025	12/31/2025	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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) **DITTMER FOR CONGRESS** Transaction ID : **SC/10.4437**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Dittmer, Mallory, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 101			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Fort Mill	SC	29716	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
16.04	16.04	0.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 29 / 2025	12/31/2025	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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 : SC/10.4438**  
**DITTMER FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Dittmer, Mallory, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO Box 101		<input type="checkbox"/> General
City Fort Mill		<input type="checkbox"/> Other (specify) ▼
State SC	ZIP Code 29716	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
160.49	160.49	0.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 30 / 2025	M M / D D / Y Y Y Y 12/31/2025	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	0.00
<b>TOTALS</b> 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

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4440

DITTMER FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2026

Dittmer, Mallory, , ,

Primary

General

Other (specify) ▼

Mailing Address

PO Box 101

City

State

ZIP Code

Fort Mill

SC

29716

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

29.99

29.99

0.00

TERMS

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

12/31/2025

0.00 % (apr)

Yes  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).....▶

0.00

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) **DITTMER FOR CONGRESS** Transaction ID : **SC/10.4524**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Lorraine, Alisa, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 2723 Oxbow Ct			<input type="checkbox"/> General
City Fort Mill		State SC	ZIP Code 29708
			<input type="checkbox"/> Other (specify) ▼
<input type="checkbox"/> Personal Funds of the Candidate			

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150.00	0.00	150.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	11 / 06 / 2025	1/31/2026	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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	150.00
<b>TOTALS</b> This Period (last page in this line only).....▶	150.00

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