

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

1 2 F E 4 M 5

Mikie Sherrill for Congress

ADDRESS (number and street)

PO Box 43032

Check if different
than previously
reported. (ACC)

Montclair

NJ

07043

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00640003

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NJ

11

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

01

D D /

01

Y Y Y Y

2025

through

M M /

03

D D /

31

Y Y Y Y

2025

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

Type or Print Name of Treasurer Mele, Steven, , ,

Signature of Treasurer

Mele, Steven, , ,

Date

M M /

04

D D /

15

Y Y Y Y

2025

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Mikie Sherrill for Congress

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025

	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))	500.00	4522.70
(b) Total Contribution Refunds (from Line 20(d))	3930.00	10545.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 3430.00	- 6022.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	21527.29	251353.93
(b) Total Offsets to Operating Expenditures (from Line 14)	12179.52	12179.52
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	9347.77	239174.41
8. Cash on Hand at Close of Reporting Period (from Line 27)	27158.23	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Mikie Sherrill for Congress

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025**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).....

500.00

1025.00

(ii) Unitemized

0.00

2497.70

(iii) TOTAL of contributions
from individuals ▶

500.00

3522.70

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

1000.00

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

500.00

4522.70

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

562.40

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

12179.52

12179.52

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

8874.48

8874.48

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

21554.00

26139.10

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.....	21527.29	251353.93
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	3930.00	10545.00
(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)).....	3930.00	10545.00
21. OTHER DISBURSEMENTS	153003.99	216803.99
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	178461.28	478702.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	184065.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	21554.00
25. SUBTOTAL (add Line 23 and Line 24).....	205619.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	178461.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	27158.23

FOR LINE NUMBER:
(check only one)

X	11a		11b		11c		11d		
	12		13a		13b		14		15

Mikie Sherrill for Congress

FEC Schedule A (Form 3) (Revised 05/2016)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

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

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

NAME OF COMMITTEE (In Full)

Mikie Sherrill for Congress

Full Name (Last, First, Middle Initial)

Ewing, Laurie, , ,

A.

Mailing Address PO Box 43032

City

Montclair

State

NJ

Zip Code

07043-0032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mikie Sherrill for Governor

Occupation

Operations Director & Treasurer

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	8		2	0	2	5

Transaction ID : 38591060

Amount of Each Receipt this Period

3000.00

☐ Memo ItemReturn of Event Space Rental Reimbursement Made in
Error on 10/29/24**B.**

Full Name (Last, First, Middle Initial)

NGP VAN, Inc.

Mailing Address PO Box 392264

City

Pittsburgh

State

PA

Zip Code

15251-9264

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

8150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	4		2	0	2	5

Transaction ID : 39040653

Amount of Each Receipt this Period

8150.00

☐ Memo Item

Refund From Vendor

C.

Full Name (Last, First, Middle Initial)

Liberty Mutual Insurance

Mailing Address PO Box 1449

City

New York

State

NY

Zip Code

10116-1449

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

894.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	5

Transaction ID : 39111715

Amount of Each Receipt this Period

894.00

☐ Memo Item

Refund From Vendor

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

12044.00

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

12044.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 15

<input 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 checked="" type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)

Mikie Sherrill for Congress

Full Name (Last, First, Middle Initial)

Mikie Sherrill for Governor

A. Mailing Address PO Box 43032

City
MontclairState
NJZip Code
07043-0032FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8874.48

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 24 / 2025

Transaction ID : 38783325

Amount of Each Receipt this Period

1503.99

☐ Memo Item

Reimbursement for Flights

B. Full Name (Last, First, Middle Initial)
Mikie Sherrill for Governor

Mailing Address PO Box 43032

City
MontclairState
NJZip Code
07043-0032FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8874.48

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 30 / 2025

Transaction ID : 38783326

Amount of Each Receipt this Period

1114.29

☐ Memo Item

Reimbursement for Hotel Rooms

C. Full Name (Last, First, Middle Initial)
Mikie Sherrill for Governor

Mailing Address PO Box 43032

City
MontclairState
NJZip Code
07043-0032FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8874.48

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 02 / 2025

Transaction ID : 38481719

Amount of Each Receipt this Period

6256.20

☐ Memo ItemAsset Transfer: Email List, Photography Services,
Video Services, Office Equipment, Merchandise

SUBTOTAL of Receipts This Page (optional) ▶

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

8874.48

8874.48

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 15

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

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NAME OF COMMITTEE (In Full)

Mikie Sherrill for Congress

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006-1202Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

176.00

Transaction ID : 500585660

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Pearl's Bagels

Mailing Address 1017 7th St NW

City
WashingtonState
DCZip Code
20001-3607Purpose of Disbursement
Catering

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

551.00

Transaction ID : 500566451

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Liberty Mutual Insurance

Mailing Address PO Box 1449

City
New YorkState
NYZip Code
10116-1449Purpose of Disbursement
Workers' Compensation

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

29.00

Transaction ID : 500576392

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

756.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 15

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

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NAME OF COMMITTEE (In Full)

Mikie Sherrill for Congress

Full Name (Last, First, Middle Initial)

A. PEM Law LLPMailing Address 1 Boland Dr
Ste 101City
West OrangeState
NJZip Code
07052-3686Purpose of Disbursement
Legal Services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

465.70

Transaction ID : 500578203

☐ Memo Item**B. Liberty Mutual Insurance**

Mailing Address PO Box 1449

City
New YorkState
NYZip Code
10116-1449Purpose of Disbursement
Workers' Compensation

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

894.00

Transaction ID : 500576393

☐ Memo Item**C. Elias Law Group**Mailing Address 10 G St NE
Ste 600City
WashingtonState
DCZip Code
20002-4253Purpose of Disbursement
Legal Services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8645.77

Transaction ID : 500578204

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10005.47

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

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

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NAME OF COMMITTEE (In Full)

Mikie Sherrill for Congress

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006-1202Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

217.25

Transaction ID : 500576564

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PEM Law LLPMailing Address 1 Boland Dr
Ste 101City
West OrangeState
NJZip Code
07052-3686Purpose of Disbursement
Legal Services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

205.00

Transaction ID : 500584935

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Payroll Data Processing

Mailing Address 4224 Henderson Blvd

City
TampaState
FLZip Code
33629-5611Purpose of Disbursement
Payroll Fees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

309.36

Transaction ID : 500568365

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

731.61

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

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

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NAME OF COMMITTEE (In Full)

Mikie Sherrill for Congress

Full Name (Last, First, Middle Initial)

A. Elias Law GroupMailing Address 10 G St NE
Ste 600City
WashingtonState
DCZip Code
20002-4253Purpose of Disbursement
Legal Services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4291.65

Transaction ID : 500581336

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elias Law GroupMailing Address 10 G St NE
Ste 600City
WashingtonState
DCZip Code
20002-4253Purpose of Disbursement
Legal Services

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

479.40

Transaction ID : 500585656

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006-1202Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

175.00

Transaction ID : 500581337

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4946.05

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 15

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

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NAME OF COMMITTEE (In Full)

Mikie Sherrill for Congress

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 25505

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		08		2025

City
Lehigh ValleyState
PAZip Code
18002-5505

FEC Identification Number

C

Purpose of Disbursement
Telecommunication Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

189.48

Transaction ID : 500566457

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

B. MBA Consulting GroupMailing Address 611 Pennsylvania Ave SE
143

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2025

City
WashingtonState
DCZip Code
20003-4303

FEC Identification Number

C

Purpose of Disbursement
Compliance Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4500.73

Transaction ID : 500578198

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

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

State:

District:

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

4690.21

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

21129.34

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

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

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NAME OF COMMITTEE (In Full)

Mikie Sherrill for Congress

Full Name (Last, First, Middle Initial)

A. Joy, Martha, , ,

Mailing Address 209 Persimmon St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2025

City
EnglewoodState
FLZip Code
34223-7133

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3300.00

Transaction ID : 500579392

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

B. Sicoli, Angela, , ,

Mailing Address 20 Glenroy Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2025

City
FairfieldState
NJZip Code
07004-1516

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : 500586366

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2024

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

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

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

State:

District:

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

3800.00

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

3800.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 15

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

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NAME OF COMMITTEE (In Full)

Mikie Sherrill for Congress

Full Name (Last, First, Middle Initial)

A. Community Food Bank of New Jersey

Mailing Address 31 Evans Terminal

Date of Disbursement

M M	D D	Y Y Y Y
03	20	2025

City
HillsideState
NJZip Code
07205-2400

FEC Identification Number

C

Purpose of Disbursement
Charitable Contribution

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

24000.00

Transaction ID : 500584913

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. United Airlines

Mailing Address 233 S Wacker Dr

Date of Disbursement

M M	D D	Y Y Y Y
01	13	2025

City
ChicagoState
ILZip Code
60606-7147

FEC Identification Number

C

Purpose of Disbursement
Flight Expense to be reimbursed, see line 15

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

233.54

Transaction ID : 500568373

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. United Airlines

Mailing Address 233 S Wacker Dr

Date of Disbursement

M M	D D	Y Y Y Y
01	15	2025

City
ChicagoState
ILZip Code
60606-7147

FEC Identification Number

C

Purpose of Disbursement
Flight Expense to be reimbursed, see line 15

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

29.99

Transaction ID : 500568374

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

24263.53

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

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

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NAME OF COMMITTEE (In Full)

Mikie Sherrill for Congress

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 233 S Wacker Dr

City
ChicagoState
ILZip Code
60606-7147Purpose of Disbursement
Flight Expense to be reimbursed, see line 15

Candidate Name

Office Sought:
☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

248.48

Transaction ID : 500568375

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. One Giant Leap PAC

Mailing Address PO Box 2153

City
PurcellvilleState
VAZip Code
20134-2153Purpose of Disbursement
Contribution to Federal CommitteeCandidate Name
One Giant Leap PACOffice Sought:
☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		25		2025

FEC Identification Number

C C00854059

Amount of Each Disbursement this Period

127500.00

Transaction ID : 500585657

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Spirit Airlines

Mailing Address 2800 Executive Way

City
MiramarState
FLZip Code
33025-6542Purpose of Disbursement
Flight Expense to be reimbursed, see line 15

Candidate Name

Office Sought:
☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

991.98

Transaction ID : 500568369

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

128740.46

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

153003.99