

**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.

12FE4M5

FRIENDS OF JON THORP

ADDRESS (number and street)

513 MEMORIAL BLVD

PMB 114

Springfield

TN

37172

☐ Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00900480

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

TN

07

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

TN

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 THORP, JONATHAN, , ,

Signature of Treasurer

THORP, JONATHAN, , ,

Date

M M /

D D /

Y Y Y Y

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

FRIENDS OF JON THORP

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 13 2025

To:

M M / D D / Y Y Y Y
12 22 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))	180.00	11499.22
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	180.00	11499.22
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2402.01	15932.01
(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))	2402.01	15932.01
8. Cash on Hand at Close of Reporting Period (from Line 27)	- 2432.79	
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)	38500.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF JON THORP

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 13 2025

To:

M M / D D / Y Y Y Y
12 22 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).....

0.00

8899.50

(ii) Unitemized

180.00

1512.77

(iii) TOTAL of contributions
from individuals ▶

180.00

10412.27

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

1086.95

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

180.00

11499.22

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

1000.00

2000.00

(b) All Other Loans.....

0.00

0.00

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

1000.00

2000.00

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

0.00

0.00

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

0.00

0.00

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

1180.00

13499.22

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.....	2402.01	15932.01
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2402.01	15932.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	- 1210.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1180.00
25. SUBTOTAL (add Line 23 and Line 24).....	- 30.78
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2402.01
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	- 2432.79

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

PAGE 5 OF 10

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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

NAME OF COMMITTEE (In Full)

FRIENDS OF JON THORP

Full Name (Last, First, Middle Initial)

THORP, JONATHAN, , ,

A. Mailing Address 6364 HOPEWELL RD

City
SPRINGFIELDState
TNZip Code
37172FEC ID number of contributing
federal political committee.

C H6TN07153

Name of Employer
Air MethodsOccupation
Pilot

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

Special-General

Election Cycle-to-Date ▼

3091.95

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 19 2025

Transaction ID : SA13A.4307

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B. 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. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

1000.00

1000.00

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

PAGE 6 OF 10

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF JON THORP

Full Name (Last, First, Middle Initial)

A. CES Creative

Mailing Address 400 S 2nd St

City
BrooklynState
NYZip Code
11232Purpose of Disbursement
Communication Support

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2025

☐	Primary	☐	General
☒	Other (specify) ▼		

State:

District:

Special-General

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.4298

☐ Memo Item**B. Kleier Brothers Creative**

Mailing Address 1100 5th Ave

City
Los AngelesState
CAZip Code
90019Purpose of Disbursement
Ad Production

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2025

☐	Primary	☐	General
☒	Other (specify) ▼		

State:

District:

Special-General

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.4300

☐ Memo Item**C. Kleier Brothers Creative**

Mailing Address 1100 5th Ave

City
Los AngelesState
CAZip Code
90019Purpose of Disbursement
Ad Production

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2025

☐	Primary	☐	General
☒	Other (specify) ▼		

State:

District:

Special-General

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.4301

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

2250.00

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

2250.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 7 OF 10

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
FRIENDS OF JON THORP

Transaction ID : SC/10.4271

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2025

THORP, JONATHAN, , ,

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

6364 HOPEWELL RD

City

SPRINGFIELD

State

TN

ZIP Code

37172

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 / 08 / 2025

M M / D D / Y Y Y Y

10/8/2035

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).....▶

1000.00

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

PAGE 8 OF 10

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13bNAME OF COMMITTEE (In Full)
FRIENDS OF JON THORP

Transaction ID : SC/10.4307

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2025

THORP, JONATHAN, , ,

☐ Primary☐ General☒ Other (specify) ▼

Special-General

Mailing Address

6364 HOPEWELL RD

City

SPRINGFIELD

State

TN

ZIP Code

37172

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 19 / 2025M M / D D / Y Y Y Y
11/19/2035

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).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

2000.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 10

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FRIENDS OF JON THORP

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CES Creative

Nature of Debt (Purpose):

Communication Support

Mailing Address 400 S 2nd St

City

Brooklyn

State

NY

Zip Code

11232

Outstanding Balance Beginning This Period

1500.00

Transaction ID : SD10.4269

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Kleier Brothers Creative

Nature of Debt (Purpose):

Multimedia Services

Mailing Address 1100 5th Ave

City

Los Angeles

State

CA

Zip Code

90019

Outstanding Balance Beginning This Period

15000.00

Transaction ID : SD10.4203

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Kleier Brothers Creative

Nature of Debt (Purpose):

Ad Production Service

Mailing Address 1100 5th Ave

City

Los Angeles

State

CA

Zip Code

90019

Outstanding Balance Beginning This Period

15000.00

Transaction ID : SD10.4264

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

1) **SUBTOTALS** This Period This Page (optional) ▶

31500.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 10

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FRIENDS OF JON THORP

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Maefly Strategies

Nature of Debt (Purpose):

Fundraising Consulting

Mailing Address PO Box 439

City

Harrisburg

State

PA

Zip Code

17108

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4205

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

5000.00

2) **TOTALS** This Period (last page this line number only) ▶

36500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶

2000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

38500.00