

**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 DOC CHAI

ADDRESS (number and street)

144 BLUE HILLS ROAD

Check if different
than previously
reported. (ACC)

NORTH HAVEN

CT

06473

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00785634

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CT

01

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 / D D / Y Y Y Y
04 / 01 / 2026

through

M M / D D / Y Y Y Y
06 / 30 / 2026

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

De Los Santos, Jonathan, , Mr.,

Signature of Treasurer

De Los Santos, Jonathan, , Mr.,

Date

M M / D D / Y Y Y Y
07 / 22 / 2026

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 DOC CHAI

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	6

	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))	2854.91	2854.91
(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))	2854.91	2854.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2511.48	2511.48
(b) Total Offsets to Operating Expenditures (from Line 14)	1.00	1.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2510.48	2510.48
8. Cash on Hand at Close of Reporting Period (from Line 27)	344.43	
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

FRIENDS OF DOC CHAI

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
06 / 30 / 2026**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).....

1728.67

1728.67

(ii) Unitemized

1126.24

1126.24

(iii) TOTAL of contributions
from individuals ▶

2854.91

2854.91

(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))..

2854.91

2854.91

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

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.)

1.00

1.00

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)..... ▶

2855.91

2855.91

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.....	2511.48	2511.48
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) ►	2511.48	2511.48

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2855.91
25. SUBTOTAL (add Line 23 and Line 24).....	2855.91
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2511.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	344.43

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 6

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

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

NAME OF COMMITTEE (In Full)

FRIENDS OF DOC CHAI

Full Name (Last, First, Middle Initial)

CHAI, AMY FOGELSTROM DR, , ,

A. Mailing Address 144 BLUE HILLS ROAD

City
NORTH HAVEN

State
CT

Zip Code
06473

FEC ID number of contributing
federal political committee.

C H2CT03102

Name of Employer
Self-employed

Occupation
Physician

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

577.17

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 15 2026

Transaction ID : SA11AI.4214

Amount of Each Receipt this Period

577.17

☐ Memo Item
Campaign Materials

Full Name (Last, First, Middle Initial)

CHAI, AMY FOGELSTROM DR, , ,

B. Mailing Address 144 BLUE HILLS ROAD

City
NORTH HAVEN

State
CT

Zip Code
06473

FEC ID number of contributing
federal political committee.

C H2CT03102

Name of Employer
Self-employed

Occupation
Physician

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1728.67

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 15 2026

Transaction ID : SA11AI.4216

Amount of Each Receipt this Period

1151.50

☐ Memo Item
Campaign Materials

Full Name (Last, First, Middle Initial)

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)..... ▶

1728.67

1728.67

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 6

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF DOC CHAI

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 2335 Dixwell Ave

Date of Disbursement

M M	D D	Y Y Y Y
04	08	2026

City
HamdenState
CTZip Code
06541Purpose of Disbursement
Phone

001

Candidate Name
FRIENDS OF DOC CHAICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

FEC Identification Number

C C00785634

Amount of Each Disbursement this Period

297.79

Transaction ID : SB17.4111

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Staples

Mailing Address 2335 Dixwell Ave

Date of Disbursement

M M	D D	Y Y Y Y
06	15	2026

City
HamdenState
CTZip Code
06514Purpose of Disbursement
Campaign Materials

004

Candidate Name
FRIENDS OF DOC CHAICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

FEC Identification Number

C C00785634

Amount of Each Disbursement this Period

577.17

Transaction ID : SB17.4211

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Staples

Mailing Address 2335 Dixwell Ave

Date of Disbursement

M M	D D	Y Y Y Y
06	15	2026

City
HamdenState
CTZip Code
06514Purpose of Disbursement
Campaign Materials

004

Candidate Name
FRIENDS OF DOC CHAICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

FEC Identification Number

C C00785634

Amount of Each Disbursement this Period

1151.50

Transaction ID : SB17.4213

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

2026.46

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

2026.46