

**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

DENOTTER FOR CONGRESS

ADDRESS (number and street)

1735 TURNBERRY TR

Check if different
than previously
reported. (ACC)

BOYNE CITY

MI

49712

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00788588

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MI

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
08 / 04 / 2026in the
State of

MI

(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
07 / 01 / 2026

through

M M / D D / Y Y Y Y
07 / 15 / 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 DRAGONE, SHERRY, , ,

Signature of Treasurer

DRAGONE, SHERRY, , ,

Date

M M / D D / Y Y Y Y
07 / 23 / 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

DENOTTER FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		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))....	45.00	28690.00
(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))	45.00	28690.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	268494.65	1821374.41
(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))	268494.65	1821374.41
8. Cash on Hand at Close of Reporting Period (from Line 27).....	73438.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	70524.71	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2011802.94	

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

DENOTTER FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2026

To:

MM / DD / YYYY
07 / 15 / 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).....

0.00

24500.00

(ii) Unitemized

45.00

4190.00

(iii) TOTAL of contributions
from individuals ▶

45.00

28690.00

(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))..

45.00

28690.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

1865575.00

(b) All Other Loans.....

0.00

0.00

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

0.00

1865575.00

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

0.00

0.00

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

0.00

524.00

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

45.00

1894789.00

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.....	268494.65	1821374.41
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) ►	268494.65	1821374.41

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	341888.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45.00
25. SUBTOTAL (add Line 23 and Line 24).....	341933.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	268494.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	73438.60

**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 5 OF 19

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

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

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
ANEDOT FEE

001

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
07 / 02 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

1.30

Transaction ID : SB17.4506

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
ANEDOT FEE

001

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
07 / 08 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

1.10

Transaction ID : SB17.4507

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
MEDIA ADVERTISING

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
07 / 02 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

87100.00

Transaction ID : SB17.4462

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

87102.40

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 6 OF 19

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
MEDIA ADVERTISING

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
07 / 08 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

87100.00

Transaction ID : SB17.4484

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. COMPLETE STRATEGIC MANAGEMENT LLC -CSMLLCMailing Address 530B HARKLE RD
STE 100City
SANTE FEState
NMZip Code
87505Purpose of Disbursement
MEDIA ADVERTISING

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
07 / 14 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

87100.00

Transaction ID : SB17.4501

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FAMILY FARE

Mailing Address 430 N LAKE ST

City
BOYNEState
MIZip Code
49712Purpose of Disbursement
CAMPAIGN TEAM TRAVEL

002

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M / D D / Y Y Y Y
07 / 03 / 2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

216.56

Transaction ID : SB17.4486

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

174416.56

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FIFTH THIRD BANK

Mailing Address 411 TOWN CENTER DR

City
HIGHLANDState
MIZip Code
48356Purpose of Disbursement
BANK SERVICE CHARGE

001

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		10		2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

79.00

Transaction ID : SB17.4493

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MICHAEL CARTER CONSULTING LLC

Mailing Address 3656 FRASER ST

City
ROCKFORDState
MIZip Code
49341Purpose of Disbursement
MEDIA ADVERTISING

004

Candidate Name
DENOTTER FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2026

FEC Identification Number

C C00788588

Amount of Each Disbursement this Period

5800.00

Transaction ID : SB17.4480

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

5879.00

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

267397.96

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

PAGE 8 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4147

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

36000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

36000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 03 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

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).....▶

36000.00

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 9 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4177

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

210700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

210700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 06 / 2026

M M / D D / Y Y Y Y

D D / Y Y Y Y

none

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).....▶

210700.00

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 10 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4328

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

178875.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

178875.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
N/A

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).....▶

178875.00

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 11 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4329

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

400000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 24 / 2026

M M / D D / Y Y Y Y

D D / Y Y Y Y

N/A

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).....▶

400000.00

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

PAGE 12 OF 19

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4443

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

400000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 19 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

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).....▶

400000.00

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 13 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4330

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 03 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

N/A

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).....▶

300000.00

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 14 OF 19

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4447

DENOTTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

DENOTTER, MATTHEW, , ,

Mailing Address

1735 TURNBERRY TR

City

BOYNE CITY

State

MI

ZIP Code

49712

☒ Personal Funds of the Candidate

Original Amount of Loan

340000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

340000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 29 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NA

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).....▶

340000.00

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

1865575.00

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)

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

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

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

DENOTTER FOR CONGRESS

Nature of Debt (Purpose):

TO BE REPAYED

Mailing Address 1735 TURNBERRY TR

City

BOYNE CITY

State

MI

Zip Code

49712

Outstanding Balance Beginning This Period

70524.71

Transaction ID : SD9.4260

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

70524.71

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)

70524.71

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

70524.71

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

0.00

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

70524.71

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

PAGE 16 OF 19

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

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

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

ADVANCED RESPONSE SYSTEMS

Nature of Debt (Purpose):

BAL ON OCT 2022 QRTLTY

Mailing Address 13175 GEORGE WEBER DR

City

ROGERS

State

MN

Zip Code

55374

Outstanding Balance Beginning This Period

1274.34

Transaction ID : SD10.4232

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1274.34

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

ARISTOTLE

Nature of Debt (Purpose):

BALANCE ON OCT QRTLTY 7/14 - 9/30/22

Mailing Address 2500 PENNSYLVANIA AVE SE

City

WASHINGTON

State

DC

Zip Code

20020

Outstanding Balance Beginning This Period

2100.00

Transaction ID : SD10.4206

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2100.00

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

CITIBANK

Nature of Debt (Purpose):

BALANCE ON OCT QRTLTY 7/14 - 9/30/22

Mailing Address 388 GREENWICH ST

City

NEW YORK

State

NY

Zip Code

10013

Outstanding Balance Beginning This Period

25997.63

Transaction ID : SD10.4208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25997.63

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

29371.97

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 17 OF 19

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

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

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

DIRECT MAIL FUNDRAISING LLC

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

7966.74

Transaction ID : SD10.4209

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7966.74

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

DonorBureau

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 1550 W McEWAN DR
STE 300City
FRANKLINState
TNZip Code
37067

Outstanding Balance Beginning This Period

381.65

Transaction ID : SD10.4212

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

381.65

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

FULFILLMENT SOLUTIONS INC

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 44970 FALCON PLACE
STE 400City
STERLINGState
VAZip Code
20166

Outstanding Balance Beginning This Period

3011.18

Transaction ID : SD10.4211

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3011.18

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

11359.57

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)
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numbered line)

PAGE 18 OF 19

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

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

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

HSP DIRECT LLC

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

3300.00

Transaction ID : SD10.4213

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3300.00

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

NOVA LIST

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

3567.42

Transaction ID : SD10.4214

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3567.42

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

PROFESSIONAL DATA SERVICES

Nature of Debt (Purpose):

BALANCE ON OCT QRTLY 7/14 - 9/30/22

Mailing Address 824 S MILLEDGE AVE
STE 100City
ATHENSState
GAZip Code
30605

Outstanding Balance Beginning This Period

1039.93

Transaction ID : SD10.4215

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1039.93

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

7907.35

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
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PAGE 19 OF 19

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

NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

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

RIGHT WAY TO WIN

Nature of Debt (Purpose):

BALANCE ON OCT QRTL 7/14 - 9/30/22

Mailing Address 1100 NEW JERSEY AVE SE
#2184City
WASHINGTONState
DCZip Code
20003

Outstanding Balance Beginning This Period

96779.05

Transaction ID : SD10.4216

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

96779.05

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

SUNRISE DATA SERVICES

Nature of Debt (Purpose):

BALANCE ON OCT QRTL 7/14 - 9/30/22

Mailing Address 20130 LAKEVIEW CENTER PLAZA
STE 300City
ASHBURNState
VAZip Code
20147

Outstanding Balance Beginning This Period

810.00

Transaction ID : SD10.4217

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

810.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

97589.05

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

146227.94

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

1865575.00

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

2011802.94