

**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

SARAH ADLAKHA FOR SENATE

ADDRESS (number and street)

PO BOX 219



Check if different than previously reported. (ACC)

OCEAN SPRINGS

MS

39566

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00900944

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

MS

00

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
03 / 10 / 2026

in the State of

MS

(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
01 / 01 / 2026

through

M M / D D / Y Y Y Y
02 / 18 / 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 ADLAKHA, SARAH ANNE DR, , ,

Signature of Treasurer

ADLAKHA, SARAH ANNE DR, , ,

Date

M M / D D / Y Y Y Y
02 / 26 / 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

SARAH ADLAKHA FOR SENATE

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
02 / 18 / 2026

	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))....	5267.12	70184.12
(b) Total Contribution Refunds (from Line 20(d))	0.00	1750.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5267.12	68434.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	276201.07	554704.75
(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))	276201.07	554704.75
8. Cash on Hand at Close of Reporting Period (from Line 27).....	9729.37	
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)	547000.00	

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

SARAH ADLAKHA FOR SENATE

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
02 / 18 / 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).....

3250.00

65676.00

(ii) Unitemized

2017.12

4508.12

(iii) TOTAL of contributions
from individuals ▶

5267.12

70184.12

(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))..

5267.12

70184.12

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

245000.00

496000.00

(b) All Other Loans.....

0.00

0.00

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

245000.00

496000.00

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)..... ▶

250267.12

566184.12

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.....	276201.07	554704.75
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	1750.00
(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	1750.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	276201.07	556454.75

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	35663.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	250267.12
25. SUBTOTAL (add Line 23 and Line 24).....	285930.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	276201.07
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9729.37

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

PAGE 5 OF 28

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 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)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

dvorak, edward, , ,

A.

Mailing Address 17100 indian lane

City

Vanceleave

State

MS

Zip Code

39565

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Dr

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID : SA11AI.4486

Amount of Each Receipt this Period

100.00

☐ Memo Item
 Earmarked from WinRed
B.Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11652.00

Date of Receipt

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

Transaction ID : SA11AI.4486.0

Amount of Each Receipt this Period

100.00

☒ Memo Item
 Earmarked from conduit. PAC limit not affected.
C.Full Name (Last, First, Middle Initial)
Dyess, Arthur, , ,

Mailing Address 507 Valley Rd

City

Kosciusko

State

MS

Zip Code

39090

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
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
0	2		0	5		2	0	2	6

Transaction ID : SA11AI.4509

Amount of Each Receipt this Period

500.00

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

600.00

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

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 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

Mitchell, Stacey, , ,

A. Mailing Address 125 cr 516City
RienziState
MSZip Code
38865FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Acct

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

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

Transaction ID : SA11AI.4482

Amount of Each Receipt this Period

50.00

☐ Memo Item
Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WINRED

B. Mailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11702.00

Date of Receipt

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

Transaction ID : SA11AI.4482.0

Amount of Each Receipt this Period

50.00

☒ Memo Item
Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Patano, Bradley, , ,

C. Mailing Address 15704 Dismuke AveCity
BiloxiState
MSZip Code
39532FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
Entrepreneur

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	6	

Transaction ID : SA11AI.4478

Amount of Each Receipt this Period

250.00

☐ Memo Item
Earmarked from WinRed**SUBTOTAL** of Receipts This Page (optional)..... ▶

300.00

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 7 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13052.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 30 2026

Transaction ID : SA11AI.4478.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)
Roberts, Kim, , ,

B.

Mailing Address 3006 Laramie Circle

City
Hattiesburg

State
MS

Zip Code
39402

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Kim Roberts

Management

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 13 2026

Transaction ID : SA11AI.4488

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11552.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 13 2026

Transaction ID : SA11AI.4488.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

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

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

50.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

Rutland, Jubel, , ,

A.

Mailing Address 70 Daniel's rd

City

Oak Vale

State

MS

Zip Code

39656

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carter construction

Occupation

Owner

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
02 11 2026

Transaction ID : SA11AI.4468

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14002.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 11 2026

Transaction ID : SA11AI.4468.0

Amount of Each Receipt this Period

500.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Sandy, Milton, , ,

C.

Mailing Address 1106 Cruise Street

City

Corinth

State

MS

Zip Code

38834

FEC ID number of contributing
federal political committee.

C

Name of Employer

retired

Occupation

retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 05 2026

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked from WinRed

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

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

600.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 9 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13152.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 05 2026

Transaction ID : SA11AI.4476.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)
Slater, Glen, , ,

B.

Mailing Address 3560 River road

City
Moss Point

State
MS

Zip Code
39563

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 27 2026

Transaction ID : SA11AI.4480

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

12802.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 27 2026

Transaction ID : SA11AI.4480.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

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

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

100.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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PAGE 10 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

Stewart, Edd, , ,

A.

Mailing Address 32 Watts Loop

City

Columbia

State

MS

Zip Code

39429

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	6

Transaction ID : SA11AI.4474

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WINRED

B.Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	6

Transaction ID : SA11AI.4474.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Tasan, Ediz, , ,

C.

Mailing Address 204 Halstead Rd

City

Ocean Springs

State

MS

Zip Code

39564

FEC ID number of contributing
federal political committee.

C

Name of Employer
SelfOccupation
MD

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.4484

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Earmarked from WinRed

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

1100.00

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

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

PAGE 11 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

12702.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 22 2026

Transaction ID : SA11AI.4484.0

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)
Touchton, Todd, , ,

B.

Mailing Address 1010 Brashears Pt.

City
Rideland

State
MS

Zip Code
39157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Steel Service

Sales/Estimating

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 11 2026

Transaction ID : SA11AI.4470

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14052.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 11 2026

Transaction ID : SA11AI.4470.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

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

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

50.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

PAGE 12 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

Walker, Gary, , ,

A. Mailing Address P o box 9

City

Booneville

State

MS

Zip Code

38829

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

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

Transaction ID : SA11AI.4489

Amount of Each Receipt this Period

100.00

☐ Memo Item
Earmarked from WinRed

Full Name (Last, First, Middle Initial)

WINRED

B. Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11502.00

Date of Receipt

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

Transaction ID : SA11AI.4489.0

Amount of Each Receipt this Period

100.00

☒ Memo Item
Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)

Walker, Gary, , ,

C. Mailing Address P o box 9

City

Booneville

State

MS

Zip Code

38829

FEC ID number of contributing
federal political committee.

C

Name of Employer
retiredOccupation
retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

200.00

Date of Receipt

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

Transaction ID : SA11AI.4466

Amount of Each Receipt this Period

100.00

☐ Memo Item
Earmarked from WinRed

200.00

SUBTOTAL of Receipts This Page (optional)..... ▶**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 13 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14152.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 12 2026

Transaction ID : SA11AI.4466.0

Amount of Each Receipt this Period

100.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

Full Name (Last, First, Middle Initial)
Wells, Steve, , ,

B.

Mailing Address 2565 Heucks Retreat Rd.NE

City
Wesson

State
MS

Zip Code
39191

FEC ID number of contributing
federal political committee.

C

Name of Employer
retired

Occupation
retired

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
02 10 2026

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked from WinRed

Full Name (Last, First, Middle Initial)
WINRED

C.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

13502.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 10 2026

Transaction ID : SA11AI.4472.0

Amount of Each Receipt this Period

250.00

☒ Memo Item

Earmarked from conduit. PAC limit not affected.

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

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

250.00

3250.00

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 14 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)
ADLAKHA, SARAH ANNE DR, , ,

Mailing Address 419 E BEACH DR

City
OCEAN SPRINGS

State
MS

Zip Code
39564

FEC ID number of contributing
federal political committee.

C S6MS00109

Name of Employer
Self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

377000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 14 / 2026

Transaction ID : SA13A.4505

Amount of Each Receipt this Period

75000.00

☐ Memo Item
Personal Funds

Full Name (Last, First, Middle Initial)
ADLAKHA, SARAH ANNE DR, , ,

Mailing Address 419 E BEACH DR

City
OCEAN SPRINGS

State
MS

Zip Code
39564

FEC ID number of contributing
federal political committee.

C S6MS00109

Name of Employer
Self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

427000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : SA13A.4504

Amount of Each Receipt this Period

50000.00

☐ Memo Item
Personal Funds

Full Name (Last, First, Middle Initial)
ADLAKHA, SARAH ANNE DR, , ,

Mailing Address 419 E BEACH DR

City
OCEAN SPRINGS

State
MS

Zip Code
39564

FEC ID number of contributing
federal political committee.

C S6MS00109

Name of Employer
Self

Occupation
Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

547000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2026

Transaction ID : SA13A.4503

Amount of Each Receipt this Period

120000.00

☐ Memo Item
Personal Funds

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

245000.00

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

245000.00

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

PAGE 15 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

A. Chevron

Mailing Address 1264 Ocean Springs R

Date of Disbursement

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

City
Ocean SpringsState
MSZip Code
39564

FEC Identification Number

C

Purpose of Disbursement
Fuel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

42.95

Transaction ID : SB17.4446

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chevron

Mailing Address 1264 Ocean Springs R

Date of Disbursement

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

City
Ocean SpringsState
MSZip Code
39564

FEC Identification Number

C

Purpose of Disbursement
Fuel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

25.74

Transaction ID : SB17.4447

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chevron

Mailing Address 1264 Ocean Springs R

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	6

City
Ocean SpringsState
MSZip Code
39564

FEC Identification Number

C

Purpose of Disbursement
Fuel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

29.44

Transaction ID : SB17.4448

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

98.13

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 16 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

A. Chevron

Mailing Address 1264 Ocean Springs R

Date of Disbursement

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

City
Ocean SpringsState
MSZip Code
39564

FEC Identification Number

C

Purpose of Disbursement
Fuel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

36.46

Transaction ID : SB17.4450

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chevron

Mailing Address 1264 Ocean Springs R

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	6

City
Ocean SpringsState
MSZip Code
39564

FEC Identification Number

C

Purpose of Disbursement
Fuel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

43.99

Transaction ID : SB17.4451

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Chevron

Mailing Address 1264 Ocean Springs R

Date of Disbursement

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

City
Ocean SpringsState
MSZip Code
39564

FEC Identification Number

C

Purpose of Disbursement
Fuel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

23.19

Transaction ID : SB17.4455

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

103.64

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)

PAGE 17 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

A. Chevron

Mailing Address 1264 Ocean Springs R

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		16		2026

City
Ocean SpringsState
MSZip Code
39564

FEC Identification Number

C

Purpose of Disbursement
Fuel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

26.83

Transaction ID : SB17.4457

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Chevron

Mailing Address 1264 Ocean Springs R

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2026

City
Ocean SpringsState
MSZip Code
39564

FEC Identification Number

C

Purpose of Disbursement
Fuel

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

33.41

Transaction ID : SB17.4459

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Griffin Strategies

Mailing Address 718 S. Church St.

Date of Disbursement

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

City
MurfreesboroState
TNZip Code
37130

FEC Identification Number

C

Purpose of Disbursement
Strategic Management Consulting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1115.00

Transaction ID : SB17.4435

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

1175.24

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 18 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 5601 Headquarters Dr.

Date of Disbursement

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

City
PlanoState
TXZip Code
75024

FEC Identification Number

C

Purpose of Disbursement
Subscription

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

63.00

Transaction ID : SB17.4449

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Lowe's

Mailing Address 3700 Sangani Blvd

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	9		2	0	2	6

City
DibervilleState
MSZip Code
39540

FEC Identification Number

C

Purpose of Disbursement
Sign Materials

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

170.72

Transaction ID : SB17.4443

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. PAC Management Services LLCMailing Address 10521 Judicial Dr
Ste 200 A

Date of Disbursement

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

City
FairfaxState
VAZip Code
22030

FEC Identification Number

C

Purpose of Disbursement
Compliance Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4462

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

1233.72

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 19 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

A. Resonance MediaMailing Address 100 Old Cherokee Rd
Ste F394City
LexingtonState
SCZip Code
29072Purpose of Disbursement
TV Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		25		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

86577.04

Transaction ID : SB17.4445

☐ Memo Item**B. Resonance Media**Mailing Address 100 Old Cherokee Rd
Ste F394City
LexingtonState
SCZip Code
29072Purpose of Disbursement
TV Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		11		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

68928.48

Transaction ID : SB17.4454

☐ Memo Item**C. Resonance Media**Mailing Address 100 Old Cherokee Rd
Ste F394City
LexingtonState
SCZip Code
29072Purpose of Disbursement
TV Advertising

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		18		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

117046.64

Transaction ID : SB17.4458

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

272552.16

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)

PAGE 20 OF 28

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

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NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

Full Name (Last, First, Middle Initial)

A. UPS

Mailing Address 2953 Bienville Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		19		2026

City
Ocean SpringsState
MSZip Code
39564Purpose of Disbursement
Printing

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

349.40

Transaction ID : SB17.4441

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. UPS

Mailing Address 2953 Bienville Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		12		2026

City
Ocean SpringsState
MSZip Code
39564Purpose of Disbursement
Printing

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

404.89

Transaction ID : SB17.4456

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ 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

Purpose of Disbursement

FEC Identification Number

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

754.29

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

275917.18

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

PAGE 21 OF 28

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4099

SARAH ADLAKHA FOR SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

419 E BEACH DR

City

OCEAN SPRINGS

State

MS

ZIP Code

39564

☒ 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
03 31 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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)
LOANS

PAGE 22 OF 28

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/10.4100

SARAH ADLAKHA FOR SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

419 E BEACH DR

City

OCEAN SPRINGS

State

MS

ZIP Code

39564

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 24 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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).....▶

50000.00

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 23 OF 28

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4101

SARAH ADLAKHA FOR SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ADLAKHA, SARAH ANNE DR, , ,

Mailing Address

419 E BEACH DR

City

OCEAN SPRINGS

State

MS

ZIP Code

39564

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 27 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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).....▶

150000.00

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 24 OF 28

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/10.4431

SARAH ADLAKHA FOR SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ADLAKHA, SARAH ANNE DR, , ,

Mailing Address

419 E BEACH DR

City

OCEAN SPRINGS

State

MS

ZIP Code

39564

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 15 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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).....▶

50000.00

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 25 OF 28

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/10.4505

SARAH ADLAKHA FOR SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ADLAKHA, SARAH ANNE DR, , ,

Mailing Address

419 E BEACH DR

City

OCEAN SPRINGS

State

MS

ZIP Code

39564

☒ Personal Funds of the Candidate

Original Amount of Loan

75000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

75000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 14 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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).....▶

75000.00

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 26 OF 28

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/10.4504

SARAH ADLAKHA FOR SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ADLAKHA, SARAH ANNE DR, , ,

Mailing Address

419 E BEACH DR

City

OCEAN SPRINGS

State

MS

ZIP Code

39564

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 11 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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).....▶

50000.00

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 27 OF 28

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4503

SARAH ADLAKHA FOR SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ADLAKHA, SARAH ANNE DR, , ,

Mailing Address

419 E BEACH DR

City

OCEAN SPRINGS

State

MS

ZIP Code

39564

☒ Personal Funds of the Candidate

Original Amount of Loan

120000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

120000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 17 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

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).....▶

120000.00

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

496000.00

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 28 OF 28

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

NAME OF COMMITTEE (In Full)

SARAH ADLAKHA FOR SENATE

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

ADLAKHA, SARAH ANNE DR, , ,

Nature of Debt (Purpose):

Polling, Website & Research

Mailing Address 419 E BEACH DR

City

OCEAN SPRINGS

State

MS

Zip Code

39564

Outstanding Balance Beginning This Period

51000.00

Transaction ID : SD10.4115

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

51000.00

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)

51000.00

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

51000.00

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

496000.00

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

547000.00