

**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

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

through

M M /

D D /

Y Y Y Y

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

Type or Print Name of Treasurer

DRAGONE, SHERRY, , ,

Signature of Treasurer

DRAGONE, SHERRY, , ,

Date

M M /

D D /

Y Y Y Y

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DENOTTER FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 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))....	23400.00	23400.00
(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))	23400.00	23400.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	265602.52	265602.52
(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))	265602.52	265602.52
8. Cash on Hand at Close of Reporting Period (from Line 27).....	4521.49	
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)	392927.94	

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
01 / 01 / 2026

To:

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

22500.00

22500.00

(ii) Unitemized

900.00

900.00

(iii) TOTAL of contributions
from individuals ▶

23400.00

23400.00

(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))..

23400.00

23400.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

246700.00

246700.00

(b) All Other Loans.....

0.00

0.00

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

246700.00

246700.00

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)..... ▶

270100.00

270100.00

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.....	265602.52	265602.52
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) ►	265602.52	265602.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	24.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	270100.00
25. SUBTOTAL (add Line 23 and Line 24).....	270124.01
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	265602.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	4521.49

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 25

☒ 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)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

ALDRIDGE, ZACH, , ,

A. Mailing Address 7791 WHITBURN DR SE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNEMPLOYED

Occupation
UNEMPLOYED

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 26 2026

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period

500.00

☐ Memo Item

ANEDOT CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARBER, LONDON, , ,

B. Mailing Address 858 WHISPERWOOD TRL

City

FENTON

State

MI

Zip Code

48430

FEC ID number of contributing
federal political committee.

C

Name of Employer
SURGENEX

Occupation
SALES

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 27 2026

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period

3500.00

☐ Memo Item

ANEDOT DONATION

Full Name (Last, First, Middle Initial)

BIRELY, MIKE, , ,

C. Mailing Address 3656 FRASER ST NE

City

ROCKFORD

State

MI

Zip Code

49341

FEC ID number of contributing
federal political committee.

C

Name of Employer
MICHAEL CARTER CONSULTING LLC

Occupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 24 2026

Transaction ID : SA11AI.4167

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ANEDOT CONTRIBUTION

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

5000.00

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 25

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

BRENNAN, KYLE, , ,

A.

Mailing Address 10 CHLOE CT

City

BLOOMINGTON

State

IL

Zip Code

61704

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11AI.4157

Amount of Each Receipt this Period

3500.00



Memo Item

ANEDOT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

FOSS, ALINA, , ,

Mailing Address 17141 COLLINS

City

SUNNY ISLES BEACH

State

FL

Zip Code

33160

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEDDY GROUP

Occupation

HEALTHCARE MGMT

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	3		0	1		2	0	2	6

Transaction ID : SA11AI.4171

Amount of Each Receipt this Period

250.00



Memo Item

ANEDOT CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

FOSS, RAFAEL, , ,

Mailing Address 17141 COLLINS AVE

City

SUNNY ISLES BEACH

State

FL

Zip Code

33160

FEC ID number of contributing
federal political committee.

C

Name of Employer

NIVA HEALTH

Occupation

HEALTHCARE PROVIDER

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	3		0	1		2	0	2	6

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period

250.00



Memo Item

ANEDOT CONTRIBUTION

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

4000.00

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 25

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

FRIKE, RON, , ,

A.

Mailing Address 1443 ALOHA STREET

City

DAVISON

State

MI

Zip Code

48423

FEC ID number of contributing
federal political committee.

C

Name of Employer

BARKMAN LANDSCAPING

Occupation

PROJECT DEVELOPER/MANAGING PARTNE

Receipt For: 2026



Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ANEDOT CONTRIBUTION

Full Name (Last, First, Middle Initial)

GRUNTFEST, ERIC, , ,

B.

Mailing Address 26 JOSHUA CHAMBERLAIN WAY

City

FREEPORT

State

ME

Zip Code

04032

FEC ID number of contributing
federal political committee.

C

Name of Employer

RMBB HEALTH

Occupation

CEO OWNER

Receipt For: 2026



Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 09 2026

Transaction ID : SA11AI.4269

Amount of Each Receipt this Period

3500.00

☐ Memo Item

ANEDOT CONTRIBUTION

Full Name (Last, First, Middle Initial)

HALLBACK, MATT, , ,

C.

Mailing Address 6490 FERSON WOODS DR

City

ST CHARLES

State

IL

Zip Code

60175

FEC ID number of contributing
federal political committee.

C

Name of Employer

SURGENEX

Occupation

MANAGEMENT

Receipt For: 2026



Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11AI.4169

Amount of Each Receipt this Period

3500.00

☐ Memo Item

ANEDOT CONTRIBUTION

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

8000.00

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 8 OF 25

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

STANLEY, SHANE, , ,

A.

Mailing Address 1800 WEST CARO RD

City
CARO

State
MI

Zip Code
48723

FEC ID number of contributing
federal political committee.

C

Name of Employer
ADVANCED WOUND CARE OF OHIO

Occupation
BUSINESS OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 26 2026

Transaction ID : SA11AI.4159

Amount of Each Receipt this Period

1000.00

☐ Memo Item

ANEDOT CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS, JAMES, , ,

B.

Mailing Address 13142 CIRRU DR

City
FISHERS

State
IN

Zip Code
46037

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 23 2026

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period

500.00

☐ Memo Item

ANEDOT CONTRIBUTION

Full Name (Last, First, Middle Initial)

THOMAS, JENNIFER, , ,

C.

Mailing Address 4716 ROUND HOUSE CR

City
MONCLOVA

State
OH

Zip Code
43542

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 23 2026

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period

3500.00

☐ Memo Item

ANEDOT CONTRIBUTION

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

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

5000.00

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

PAGE 9 OF 25

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

WISMER, TRENT, , ,

A.

Mailing Address 3549 BLUE HERRON LN

City

ROCHESTER HILLS

State

MI

Zip Code

48309

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRW MEDICAL

Occupation

CEO

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		2	4		2	0	2	6

Transaction ID : SA11AI.4161

Amount of Each Receipt this Period

500.00



Memo Item

ANEDOT CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period



Memo Item

C.

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period



Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

500.00

22500.00

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

PAGE 10 OF 25

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

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NAME OF COMMITTEE (In Full)

DENOTTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

DENOTTER, MATTHEW, , ,

A.

Mailing Address 1735 TURNBERRY TR

City

BOYNE CITY

State

MI

Zip Code

49712

FEC ID number of contributing
federal political committee.**C** H2MI11232

Name of Employer

DENOTTER CONSULTING

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

36000.00

Date of Receipt

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

Transaction ID : SA13A.4147

Amount of Each Receipt this Period

36000.00

☐ Memo ItemLOAN FROM DENOTTER CONSULTING TO START
CAMPAIGN 2026**B.**

Full Name (Last, First, Middle Initial)

DENOTTER, MATTHEW, , ,

Mailing Address 1735 TURNBERRY TR

City

BOYNE CITY

State

MI

Zip Code

49712

FEC ID number of contributing
federal political committee.**C** H2MI11232

Name of Employer

DENOTTER CONSULTING

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

246700.00

Date of Receipt

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

Transaction ID : SA13A.4177

Amount of Each Receipt this Period

210700.00

☐ Memo Item

PERSONAL LOAN FROM DENOTTER CONSULTING

C.

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

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

246700.00

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

246700.00

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

PAGE 11 OF 25

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

012

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

State: MI District: 11

Date of Disbursement

M M / D D / Y Y Y Y
02 / 23 / 2026

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

140.30

Transaction ID : SB17.4274

☐ 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

012

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

State: MI District: 11

Date of Disbursement

M M / D D / Y Y Y Y
02 / 23 / 2026

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17.4276

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

012

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

State: MI District: 11

Date of Disbursement

M M / D D / Y Y Y Y
02 / 23 / 2026

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

8.30

Transaction ID : SB17.4279

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

168.90

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

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

PAGE 12 OF 25

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

012

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

State: MI District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17.4277

☐ 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

012

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

State: MI District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17.4283

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

012

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

State: MI District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

8.30

Transaction ID : SB17.4282

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

68.90

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 13 OF 25

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

012

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

State: MI District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17.4275

☐ 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

012

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

State: MI District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17.4280

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

012

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

State: MI District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

8.30

Transaction ID : SB17.4281

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

68.90

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 14 OF 25

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

012

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

State: MI District: 11

Date of Disbursement

M M / D D / Y Y Y Y
02 / 27 / 2026

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

140.30

Transaction ID : SB17.4264

☐ 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

012

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

State: MI District: 11

Date of Disbursement

M M / D D / Y Y Y Y
03 / 01 / 2026

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

10.30

Transaction ID : SB17.4284

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

012

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

State: MI District: 11

Date of Disbursement

M M / D D / Y Y Y Y
03 / 01 / 2026

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

10.30

Transaction ID : SB17.4285

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

160.90

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

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

PAGE 15 OF 25

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

012

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

State: MI District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

140.30

Transaction ID : SB17.4286

☐ 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

012

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

State: MI District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

4.30

Transaction ID : SB17.4287

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

012

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

State: MI District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17.4291

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

184.90

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 25

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

012

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

State: MI District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

4.30

Transaction ID : SB17.4288

☐ 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

012

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

State: MI District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	2	6

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

4.30

Transaction ID : SB17.4289

☐ Memo Item

Full Name (Last, First, Middle Initial)

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

012

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

State: MI District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	9		2	0	2	6

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

140.30

Transaction ID : SB17.4290

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

148.90

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 17 OF 25

☒ 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

004

Candidate Name

DENOTTER, MATTHEW, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

36000.00

Transaction ID : SB17.4193

☐ 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

004

Candidate Name

DENOTTER, MATTHEW, , ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 11

Date of Disbursement

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

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

210700.00

Transaction ID : SB17.4186

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. COSTCO ONLINE

Mailing Address 4901 WILSON AVE SW

City
WYOMINGState
MIZip Code
49418Purpose of Disbursement
BUSINESS CHECKS

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	9	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

212.68

Transaction ID : SB17.4190

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

246912.68

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 25

☒ 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. MICHAEL CARTER CONSULTING LLC

Mailing Address 3656 FRASER ST

City
ROCKFORDState
MIZip Code
49341Purpose of Disbursement
80 hours CONSUTLING AND STRATEGY

001

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

State: MI District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02	/	27	/	2026

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

5800.00

Transaction ID : SB17.4183

☐ 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
80 hours CONSUTLING AND STRATEGY

001

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

State: MI District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03	/	13	/	2026

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

5800.00

Transaction ID : SB17.4183

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MICHAEL CARTER CONSULTING LLC

Mailing Address 3656 FRASER ST

City
ROCKFORDState
MIZip Code
49341Purpose of Disbursement
80 HRS CONSULTING, STRATEGY AND ADMIN SUPPORT

001

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

State: MI District: 11

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03	/	27	/	2026

FEC Identification Number

C H2MI11232

Amount of Each Disbursement this Period

5800.00

Transaction ID : SB17.4294

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

17400.00

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

265114.08

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

PAGE 19 OF 25

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 20 OF 25

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).....▶

246700.00

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 21 OF 25

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 REPAID

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 22 OF 25

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 23 OF 25

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)
for each
numbered line)

PAGE 24 OF 25

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
schedule(s)
for each
numbered line)

PAGE 25 OF 25

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) ▶

246700.00

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

392927.94