FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) — **TYPE OR PRINT ▼** — Example: If typing, type over the lines. 12FE4M5

AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

ADDRESS (number and street) ▼ 15255 S 94TH AVE.

☐ Check if different than previously reported. (ACC)

ORLAND PARK | IL | 60462

2. **FEC IDENTIFICATION NUMBER ▼** C C00710160

CITY ▲ | STATE ▲ | ZIP CODE ▲

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

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)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 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

(d) 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 07 / 01 / 2025 through 12 / 31 / 2025

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 PLISHKA, JOHN, , ,

Signature of Treasurer *PLISHKA, JOHN, , ,* Date 01 / 31 / 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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

Report Covering the Period: From: 07/01/2025 To: 12/31/2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		14695.92
(b) Cash on Hand at Beginning of Reporting Period	1235.50	
(c) Total Receipts (from Line 19)	334984.45	1035872.02
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	336219.95	1050567.94
7. Total Disbursements (from Line 31)	331849.62	1046197.61
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4370.33	4370.33
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

Report Covering the Period: From: 07/01/2025 To: 12/31/2025

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	15970.00	45301.00
(ii) Unitemized	319014.45	990571.02
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	334984.45	1035872.02
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	334984.45	1035872.02
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	334984.45	1035872.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	334984.45	1035872.02

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	331849.62	1046197.61
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	331849.62	1046197.61
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. 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 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	331849.62	1046197.61
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	331849.62	1046197.61

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	334984.45	1035872.02
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	334984.45	1035872.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	331849.62	1046197.61
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	331849.62	1046197.61

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
PAGE 6 OF 86

☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ATTN STEPHEN BROUD, 4 B PLASTIC, , ,

Mailing Address 12558 S CHOCTAW DR

City: BATON ROUGE | State: LA | Zip Code: 70815

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): 4B PLASTICS INC
Occupation (for Individual): VICE PRESIDENT

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 08 / 27 / 2025
Transaction ID : SA11AI.5005

Amount of Each Receipt this Period: 250.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BELLAMY, EUGENIA, , ,

Mailing Address 4418 JARVIS RD

City: HILLSBORO | State: MO | Zip Code: 63050

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 420.00

Date of Receipt: 07 / 07 / 2025
Transaction ID : SA11AI.10215

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BELLAMY, EUGENIA, , ,

Mailing Address 4418 JARVIS RD

City: HILLSBORO | State: MO | Zip Code: 63050

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 455.00

Date of Receipt: 07 / 08 / 2025
Transaction ID : SA11AI.10214

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 320.00

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

Image# 202601319810130384

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BELLAMY, EUGENIA, , ,

Mailing Address 4418 JARVIS RD

City: HILLSBORO | State: MO | Zip Code: 63050

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 505.00

Date of Receipt: 07 / 11 / 2025
Transaction ID : SA11AI.7578

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BELLAMY, EUGENIA, , ,

Mailing Address 4418 JARVIS RD

City: HILLSBORO | State: MO | Zip Code: 63050

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 555.00

Date of Receipt: 07 / 22 / 2025
Transaction ID : SA11AI.7579

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 355.00

Date of Receipt: 07 / 03 / 2025
Transaction ID : SA11AI.19038

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

Image# 202601319810130385

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 07 / 20 / 2025
Transaction ID : SA11AI.9945

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt: 09 / 02 / 2025
Transaction ID : SA11AI.19042

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 445.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.9946

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

Image# 202601319810130386

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt: 09 / 16 / 2025
Transaction ID : SA11AI.14810

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: 09 / 16 / 2025
Transaction ID : SA11AI.19037

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 510.00

Date of Receipt: 09 / 16 / 2025
Transaction ID : SA11AI.19039

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

Image# 202601319810130387

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt: 09 / 17 / 2025
Transaction ID : SA11AI.19036

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 09 / 18 / 2025
Transaction ID : SA11AI.19041

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 09 / 19 / 2025
Transaction ID : SA11AI.19043

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

Image# 202601319810130388

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 590.00

Date of Receipt: 10 / 21 / 2025
Transaction ID : SA11AI.19035

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 610.00

Date of Receipt: 11 / 13 / 2025
Transaction ID : SA11AI.19040

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BENDER, ANGELA, , ,

Mailing Address 3511 BRANCHWOOD DR

City: EVANSVILLE | State: IN | Zip Code: 47710

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 640.00

Date of Receipt: 12 / 13 / 2025
Transaction ID : SA11AI.11853

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BERQUIST, ROBYNN, , ,

Mailing Address 8575 HOLTZCLAW RD

City: WARRENTON | State: VA | Zip Code: 20186

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 400.00

Date of Receipt: 08 / 08 / 2025
Transaction ID : SA11AI.5268

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BERQUIST, ROBYNN, , ,

Mailing Address 8575 HOLTZCLAW RD

City: WARRENTON | State: VA | Zip Code: 20186

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 08 / 26 / 2025
Transaction ID : SA11AI.5269

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BERQUIST, ROBYNN, , ,

Mailing Address 8575 HOLTZCLAW RD

City: WARRENTON | State: VA | Zip Code: 20186

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 555.00

Date of Receipt: 08 / 26 / 2025
Transaction ID : SA11AI.6270

Amount of Each Receipt this Period: 55.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 255.00

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

Image# 202601319810130390

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BERQUIST, ROBYNN, , ,

Mailing Address 8575 HOLTZCLAW RD

City: WARRENTON | State: VA | Zip Code: 20186

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 655.00

Date of Receipt: 11 / 12 / 2025
Transaction ID : SA11AI.5270

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BIGELOW, SHIRLEY, , ,

Mailing Address W 156 N 4881 PILGRIM RD APT 316

City: MENOMONEE FALLS | State: WI | Zip Code: 53051

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 400.00

Date of Receipt: 08 / 07 / 2025
Transaction ID : SA11AI.5473

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BIOSCA, ANN, , ,

Mailing Address 8240 TRICEFIELD RD

City: SAINT MICHAELS | State: MD | Zip Code: 21663

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 360.00

Date of Receipt: 09 / 25 / 2025
Transaction ID : SA11AI.11182

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 230.00

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

Image# 202601319810130391

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BOGGS, HAYDEN, , ,

Mailing Address 5571 CAROLINA WAY

City: BURLINGTON | State: KY | Zip Code: 41005

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 265.00

Date of Receipt: 08 / 29 / 2025
Transaction ID : SA11AI.6363

Amount of Each Receipt this Period: 55.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BOGGS, HAYDEN, , ,

Mailing Address 5571 CAROLINA WAY

City: BURLINGTON | State: KY | Zip Code: 41005

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 10 / 28 / 2025
Transaction ID : SA11AI.6093

Amount of Each Receipt this Period: 65.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BREEN, STEVEN, , ,

Mailing Address 55 JULIA AVE

City: TRENTON | State: NJ | Zip Code: 08610

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 505.00

Date of Receipt: 07 / 09 / 2025
Transaction ID : SA11AI.11067

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

Image# 202601319810130392

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BREEN, STEVEN, , ,

Mailing Address 55 JULIA AVE

City: TRENTON | State: NJ | Zip Code: 08610

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt: 07 / 25 / 2025
Transaction ID : SA11AI.8936

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BREEN, STEVEN, , ,

Mailing Address 55 JULIA AVE

City: TRENTON | State: NJ | Zip Code: 08610

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 580.00

Date of Receipt: 07 / 30 / 2025
Transaction ID : SA11AI.8241

Amount of Each Receipt this Period: 40.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BREEN, STEVEN, , ,

Mailing Address 55 JULIA AVE

City: TRENTON | State: NJ | Zip Code: 08610

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 615.00

Date of Receipt: 08 / 27 / 2025
Transaction ID : SA11AI.8935

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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

Image# 202601319810130393

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BREEN, STEVEN, , ,

Mailing Address 55 JULIA AVE

City: TRENTON | State: NJ | Zip Code: 08610

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 09 / 12 / 2025
Transaction ID : SA11AI.8937

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BREEN, STEVEN, , ,

Mailing Address 55 JULIA AVE

City: TRENTON | State: NJ | Zip Code: 08610

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt: 09 / 24 / 2025
Transaction ID : SA11AI.8240

Amount of Each Receipt this Period: 40.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BREEN, STEVEN, , ,

Mailing Address 55 JULIA AVE

City: TRENTON | State: NJ | Zip Code: 08610

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 720.00

Date of Receipt: 10 / 08 / 2025
Transaction ID : SA11AI.11064

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

Image# 202601319810130394

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BREEN, STEVEN, , ,

Mailing Address 55 JULIA AVE

City: TRENTON | State: NJ | Zip Code: 08610

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 11 / 19 / 2025
Transaction ID : SA11AI.11062

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BREEN, STEVEN, , ,

Mailing Address 55 JULIA AVE

City: TRENTON | State: NJ | Zip Code: 08610

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 780.00

Date of Receipt: 12 / 31 / 2025
Transaction ID : SA11AI.11061

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BREEN, STEVEN, , ,

Mailing Address 55 JULIA AVE

City: TRENTON | State: NJ | Zip Code: 08610

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 810.00

Date of Receipt: 12 / 31 / 2025
Transaction ID : SA11AI.11063

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

Image# 202601319810130395

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BROWN, CORNELIA, , ,

Mailing Address 1955 SAN PABLO AVE APT 220B

City: OAKLAND | State: CA | Zip Code: 94612

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 11 / 18 / 2025
Transaction ID : SA11AI.5167

Amount of Each Receipt this Period: 125.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BROWN, KINGMAN, B., ,

Mailing Address 8903 BELLS MILL RD

City: POTOMAC | State: MD | Zip Code: 20854

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 10 / 2025
Transaction ID : SA11AI.4986

Amount of Each Receipt this Period: 500.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BUBLITZ, CHRISTOPHER, , ,

Mailing Address 5293 FOXRIDGE DR APT 204

City: MISSION | State: KS | Zip Code: 66202

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 08 / 04 / 2025
Transaction ID : SA11AI.19862

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 645.00

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

Image# 202601319810130396

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BUBLITZ, CHRISTOPHER, , ,

Mailing Address 5293 FOXRIDGE DR APT 204

City: MISSION | State: KS | Zip Code: 66202

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 08 / 25 / 2025
Transaction ID : SA11AI.12218

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BUBLITZ, CHRISTOPHER, , ,

Mailing Address 5293 FOXRIDGE DR APT 204

City: MISSION | State: KS | Zip Code: 66202

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt: 08 / 26 / 2025
Transaction ID : SA11AI.19864

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BUBLITZ, CHRISTOPHER, , ,

Mailing Address 5293 FOXRIDGE DR APT 204

City: MISSION | State: KS | Zip Code: 66202

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 355.00

Date of Receipt: 09 / 08 / 2025
Transaction ID : SA11AI.19863

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

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

Image# 202601319810130397

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BUBLITZ, CHRISTOPHER, , ,

Mailing Address 5293 FOXRIDGE DR APT 204

City: MISSION | State: KS | Zip Code: 66202

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 390.00

Date of Receipt: 09 / 11 / 2025
Transaction ID : SA11AI.10271

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BUBLITZ, CHRISTOPHER, , ,

Mailing Address 5293 FOXRIDGE DR APT 204

City: MISSION | State: KS | Zip Code: 66202

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt: 09 / 16 / 2025
Transaction ID : SA11AI.19861

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BUNZ, DAVID, , ,

Mailing Address 7621 KNOX AVE S APT 106

City: RICHFIELD | State: MN | Zip Code: 55423

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 295.00

Date of Receipt: 10 / 10 / 2025
Transaction ID : SA11AI.5048

Amount of Each Receipt this Period: 200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 255.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BUNZ, DAVID, , ,

Mailing Address 7621 KNOX AVE S APT 106

City: RICHFIELD | State: MN | Zip Code: 55423

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 360.00

Date of Receipt: 11 / 12 / 2025
Transaction ID : SA11AI.6100

Amount of Each Receipt this Period: 65.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BUNZ, DAVID C, , ,

Mailing Address 7621 KNOX AVE S APT 106

City: RICHFIELD | State: MN | Zip Code: 55423

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 11 / 10 / 2025
Transaction ID : SA11AI.5120

Amount of Each Receipt this Period: 150.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
BUNZ, DAVID C, , ,

Mailing Address 7621 KNOX AVE S APT 106

City: RICHFIELD | State: MN | Zip Code: 55423

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 305.00

Date of Receipt: 11 / 11 / 2025
Transaction ID : SA11AI.6431

Amount of Each Receipt this Period: 55.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 270.00

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

Image# 202601319810130399

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CANFIELD, JAMES, , ,

Mailing Address PO BOX 967

City: SAN JOSE | State: CA | Zip Code: 95108

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SELF EMPLOYED
Occupation (for Individual): LAWYER

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 07 / 18 / 2025
Transaction ID : SA11AI.5012

Amount of Each Receipt this Period: 225.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CARDWELL, STEPHEN, , ,

Mailing Address 114 W HERNDON ST

City: NIXA | State: MO | Zip Code: 65714

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 205.00

Date of Receipt: 07 / 07 / 2025
Transaction ID : SA11AI.19841

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CARDWELL, STEPHEN, , ,

Mailing Address 114 W HERNDON ST

City: NIXA | State: MO | Zip Code: 65714

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 230.00

Date of Receipt: 08 / 02 / 2025
Transaction ID : SA11AI.15430

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 270.00

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

Image# 202601319810130400

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CARDWELL, STEPHEN, , ,

Mailing Address 114 W HERNDON ST

City: NIXA | State: MO | Zip Code: 65714

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 09 / 02 / 2025
Transaction ID : SA11AI.15427

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CARDWELL, STEPHEN, , ,

Mailing Address 114 W HERNDON ST

City: NIXA | State: MO | Zip Code: 65714

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 12 / 27 / 2025
Transaction ID : SA11AI.12207

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CARTER, DOLORES, , ,

Mailing Address 1505 E COLLIN ST

City: CORSICANA | State: TX | Zip Code: 75110

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 07 / 03 / 2025
Transaction ID : SA11AI.10412

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

Image# 202601319810130401

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CARTER, DOLORES, , ,

Mailing Address 1505 E COLLIN ST

City: CORSICANA | State: TX | Zip Code: 75110

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 08 / 26 / 2025
Transaction ID : SA11AI.20184

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CARTER, DOLORES, , ,

Mailing Address 1505 E COLLIN ST

City: CORSICANA | State: TX | Zip Code: 75110

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 09 / 03 / 2025
Transaction ID : SA11AI.10411

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CARTER, DOLORES, , ,

Mailing Address 1505 E COLLIN ST

City: CORSICANA | State: TX | Zip Code: 75110

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 10 / 16 / 2025
Transaction ID : SA11AI.15678

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

Image# 202601319810130402

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CHRISTIAN, BONITA, , ,

Mailing Address 11717 VIA SEFTON

City: EL CAJON | State: CA | Zip Code: 92019

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 11 / 24 / 2025
Transaction ID : SA11AI.5008

Amount of Each Receipt this Period: 250.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CLARK, LEMUEL, , ,

Mailing Address 5 E VIEW CT

City: FLEMINGTON | State: NJ | Zip Code: 08822

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 310.00

Date of Receipt: 10 / 16 / 2025
Transaction ID : SA11AI.8945

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CLARK, LEMUEL, , ,

Mailing Address 5 E VIEW CT

City: FLEMINGTON | State: NJ | Zip Code: 08822

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 335.00

Date of Receipt: 10 / 21 / 2025
Transaction ID : SA11AI.13102

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 310.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CLARK, LEMUEL, , ,

Mailing Address 5 E VIEW CT

City: FLEMINGTON | State: NJ | Zip Code: 08822

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 370.00

Date of Receipt: 12 / 16 / 2025
Transaction ID : SA11AI.8944

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COLETTI, MELINDA, , ,

Mailing Address 159 ANTIQUA PL

City: EDGEWATER | State: MD | Zip Code: 21037

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 210.00

Date of Receipt: 07 / 03 / 2025
Transaction ID : SA11AI.10979

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COLETTI, MELINDA, , ,

Mailing Address 159 ANTIQUA PL

City: EDGEWATER | State: MD | Zip Code: 21037

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 235.00

Date of Receipt: 11 / 17 / 2025
Transaction ID : SA11AI.12975

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

Image# 202601319810130404

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COOK, MICHAEL, , ,

Mailing Address 6455 DROMOLAND CIR NW

City: MASSILLON | State: OH | Zip Code: 44646

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS

Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 435.00

Date of Receipt: 07 / 01 / 2025

Transaction ID : SA11AI.5931

Amount of Each Receipt this Period: 75.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COOK, MICHAEL, , ,

Mailing Address 6455 DROMOLAND CIR NW

City: MASSILLON | State: OH | Zip Code: 44646

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS

Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 510.00

Date of Receipt: 08 / 08 / 2025

Transaction ID : SA11AI.5932

Amount of Each Receipt this Period: 75.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CORROOS, THOMAS, , ,

Mailing Address 1212 RENAISSANCE CT

City: CHATTANOOGA | State: TN | Zip Code: 37419

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS

Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 235.00

Date of Receipt: 07 / 10 / 2025

Transaction ID : SA11AI.5778

Amount of Each Receipt this Period: 80.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 230.00

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CULPEPPER, BETTY, , ,

Mailing Address 9770 BASKET RING RD

City: COLUMBIA | State: MD | Zip Code: 21045

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 600.00

Date of Receipt: 09 / 17 / 2025
Transaction ID : SA11AI.5283

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CULPEPPER, BETTY, , ,

Mailing Address 9770 BASKET RING RD

City: COLUMBIA | State: MD | Zip Code: 21045

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 700.00

Date of Receipt: 12 / 22 / 2025
Transaction ID : SA11AI.5284

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CULPEPPER, BETTY, , ,

Mailing Address 9770 BASKET RING RD

City: COLUMBIA | State: MD | Zip Code: 21045

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 750.00

Date of Receipt: 12 / 31 / 2025
Transaction ID : SA11AI.6802

Amount of Each Receipt this Period: 50.00

☐ Memo Item

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SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DAVIS, THOMAS, , ,

Mailing Address 8811 MADISON AVE APT 108A6

City: INDIANAPOLIS | State: IN | Zip Code: 46227

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 06 / 2025
Transaction ID : SA11AI.5431

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DILMEC, BECUR, , ,

Mailing Address 19142 CLOISTER LAKE LN

City: BOCA RATON | State: FL | Zip Code: 33498

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt: 10 / 16 / 2025
Transaction ID : SA11AI.6330

Amount of Each Receipt this Period: 55.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DUNN, ASHTON E, , ,

Mailing Address 121 S CHINA LAKE BLVD STE A

City: RIDGECREST | State: CA | Zip Code: 93555

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BES

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 245.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.7987

Amount of Each Receipt this Period: 50.00

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SUBTOTAL of Receipts This Page (optional) ▶ 205.00

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

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DUNN, ASHTON E, , ,

Mailing Address 121 S CHINA LAKE BLVD STE A

City: RIDGECREST | State: CA | Zip Code: 93555

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 09 / 10 / 2025
Transaction ID : SA11AI.10738

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DUNN, ASHTON E, , ,

Mailing Address 121 S CHINA LAKE BLVD STE A

City: RIDGECREST | State: CA | Zip Code: 93555

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 09 / 22 / 2025
Transaction ID : SA11AI.7986

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DUNN, ASHTON E, , ,

Mailing Address 121 S CHINA LAKE BLVD STE A

City: RIDGECREST | State: CA | Zip Code: 93555

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BES

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 09 / 23 / 2025
Transaction ID : SA11AI.10743

Amount of Each Receipt this Period: 35.00

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SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

Image# 202601319810130408

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DUNN, ASHTON E, , ,

Mailing Address 121 S CHINA LAKE BLVD STE A

City: RIDGECREST | State: CA | Zip Code: 93555

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 12 / 02 / 2025
Transaction ID : SA11AI.10742

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EDWARDS, ROBERT, , ,

Mailing Address PO BOX 12408

City: LEXINGTON | State: KY | Zip Code: 40583

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 07 / 23 / 2025
Transaction ID : SA11AI.14407

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EDWARDS, ROBERT, , ,

Mailing Address PO BOX 12408

City: LEXINGTON | State: KY | Zip Code: 40583

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 355.00

Date of Receipt: 10 / 29 / 2025
Transaction ID : SA11AI.9717

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EDWARDS, ROBERT, , ,

Mailing Address PO BOX 12408

City: LEXINGTON | State: KY | Zip Code: 40583

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 375.00

Date of Receipt: 10 / 29 / 2025
Transaction ID : SA11AI.18493

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EDWARDS, VICKI, A., ,

Mailing Address 2336 W LAUREL LN

City: PHOENIX | State: AZ | Zip Code: 85029

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 635.00

Date of Receipt: 09 / 17 / 2025
Transaction ID : SA11AI.10582

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
EICHEL, JOAN, , ,

Mailing Address 6000 ISLAND BLVD APT 2706

City: AVENTURA | State: FL | Zip Code: 33160

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BES

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 08 / 06 / 2025
Transaction ID : SA11AI.4992

Amount of Each Receipt this Period: 300.00

☐ Memo Item

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SUBTOTAL of Receipts This Page (optional) ▶ 355.00

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ENGEL, LAURA A, , ,

Mailing Address 92 PIN OAK CT

City: WHITELAND | State: IN | Zip Code: 46184

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 275.00

Date of Receipt: 11 / 26 / 2025
Transaction ID : SA11AI.5110

Amount of Each Receipt this Period: 150.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ENGLISH, GEORGE, , ,

Mailing Address 9904 IVY LEAF LN

City: FORT WORTH | State: TX | Zip Code: 76108

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 265.00

Date of Receipt: 07 / 08 / 2025
Transaction ID : SA11AI.6114

Amount of Each Receipt this Period: 65.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ENGLISH, GEORGE, , ,

Mailing Address 9904 IVY LEAF LN

City: FORT WORTH | State: TX | Zip Code: 76108

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 330.00

Date of Receipt: 07 / 15 / 2025
Transaction ID : SA11AI.6113

Amount of Each Receipt this Period: 65.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 280.00

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

Image# 202601319810130411

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FAGAN, CHRISTOPHER, , ,

Mailing Address 3306 MOLINE RD

City: WHEATON | State: MD | Zip Code: 20902

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 08 / 20 / 2025
Transaction ID : SA11AI.5010

Amount of Each Receipt this Period: 240.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FREDERICK, ROGER A, , ,

Mailing Address 742 NAUTILUS CT

City: MARCO ISLAND | State: FL | Zip Code: 34145

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt: 12 / 10 / 2025
Transaction ID : SA11AI.5097

Amount of Each Receipt this Period: 150.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
FRIEDRICH, WILLIAM, , ,

Mailing Address 35 WELLS HILL LN

City: LAKEVILLE | State: CT | Zip Code: 06039

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 09 / 2025
Transaction ID : SA11AI.5015

Amount of Each Receipt this Period: 200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 590.00

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

Image# 202601319810130412

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GARDNER, DIANA, , ,

Mailing Address 415 BAILEY DR APT 317

City: COLUMBIA | State: MO | Zip Code: 65203

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 07 / 2025
Transaction ID : SA11AI.22701

Amount of Each Receipt this Period: 15.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRANBERRY, DARLENE, , ,

Mailing Address 8577 RUGBY DR APT 101

City: WEST HOLLYWOOD | State: CA | Zip Code: 90069

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 15 / 2025
Transaction ID : SA11AI.5137

Amount of Each Receipt this Period: 150.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRAYES, THEODORE, , ,

Mailing Address 2111 ALBANY DR

City: FRANKLIN | State: TN | Zip Code: 37067

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 04 / 2025
Transaction ID : SA11AI.5001

Amount of Each Receipt this Period: 250.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 415.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GRAYES, THEODORE, , ,

Mailing Address 2111 ALBANY DR

City: FRANKLIN | State: TN | Zip Code: 37067

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 09 / 22 / 2025
Transaction ID : SA11AI.5000

Amount of Each Receipt this Period: 250.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GREENWOOD, DALLAS, , ,

Mailing Address 6645 BURROWS RD

City: COLORADO SPRINGS | State: CO | Zip Code: 80908

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 210.00

Date of Receipt: 12 / 26 / 2025
Transaction ID : SA11AI.12419

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GULINO, E. DARLENE, , ,

Mailing Address 2801 KNOBLEY RD

City: KEYSER | State: WV | Zip Code: 26726

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 400.00

Date of Receipt: 08 / 22 / 2025
Transaction ID : SA11AI.5029

Amount of Each Receipt this Period: 200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 480.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
GULINO, E. DARLENE, , ,

Mailing Address 2801 KNOBLEY RD

City: KEYSER | State: WV | Zip Code: 26726

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 600.00

Date of Receipt: 10 / 10 / 2025
Transaction ID : SA11AI.5027

Amount of Each Receipt this Period: 200.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HALL, LORETTA, F., ,

Mailing Address 1315 SPRINGTIDE PL

City: HERNDON | State: VA | Zip Code: 20170

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 535.00

Date of Receipt: 09 / 05 / 2025
Transaction ID : SA11AI.8997

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HALL, LORETTA, F., ,

Mailing Address 1315 SPRINGTIDE PL

City: HERNDON | State: VA | Zip Code: 20170

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 570.00

Date of Receipt: 10 / 30 / 2025
Transaction ID : SA11AI.8992

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 270.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HALVORSEN, LYNN, , ,

Mailing Address 2557 GERMAN RD

City: BAILEYS HARBOR | State: WI | Zip Code: 54202

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 255.00

Date of Receipt: 08 / 10 / 2025
Transaction ID : SA11AI.8465

Amount of Each Receipt this Period: 40.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HANKINS, LINDA, , ,

Mailing Address 7310 163RD LN NW

City: RAMSEY | State: MN | Zip Code: 55303

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 10 / 10 / 2025
Transaction ID : SA11AI.4998

Amount of Each Receipt this Period: 300.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOEVELER, CHARLES, R., ,

Mailing Address 6 NORWOOD AVE

City: ROSS | State: CA | Zip Code: 94957

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): SPORTS EXECUTIVE
Occupation (for Individual): SELF EMPLOYED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 325.00

Date of Receipt: 12 / 15 / 2025
Transaction ID : SA11AI.5721

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 440.00

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

Image# 202601319810130416

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLZ, EDNA, , ,

Mailing Address 1703 DEPAUW AVE

City: NEW ALBANY | State: IN | Zip Code: 47150

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 07 / 21 / 2025
Transaction ID : SA11AI.14766

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLZ, EDNA, , ,

Mailing Address 1703 DEPAUW AVE

City: NEW ALBANY | State: IN | Zip Code: 47150

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 08 / 01 / 2025
Transaction ID : SA11AI.11836

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLZ, EDNA, , ,

Mailing Address 1703 DEPAUW AVE

City: NEW ALBANY | State: IN | Zip Code: 47150

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 10 / 2025
Transaction ID : SA11AI.9922

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 90.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLZ, EDNA, , ,

Mailing Address 1703 DEPAUW AVE

City: NEW ALBANY | State: IN | Zip Code: 47150

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt: 10 / 10 / 2025
Transaction ID : SA11AI.14762

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOLZ, EDNA, , ,

Mailing Address 1703 DEPAUW AVE

City: NEW ALBANY | State: IN | Zip Code: 47150

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 405.00

Date of Receipt: 10 / 29 / 2025
Transaction ID : SA11AI.11837

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOPKINS, JOSEPH, , ,

Mailing Address 3333 N 151ST DR

City: GOODYEAR | State: AZ | Zip Code: 85395

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BES

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 12 / 10 / 2025
Transaction ID : SA11AI.16007

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 80.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOPKINS, JOSEPH, , ,

Mailing Address 3333 N 151ST DR

City: GOODYEAR | State: AZ | Zip Code: 85395

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 12 / 31 / 2025
Transaction ID : SA11AI.16009

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HOUGHTON, JUDITH, , ,

Mailing Address 3800 N GROVE PL APT 413

City: SAINT MARY OF THE WO | State: IN | Zip Code: 47876

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 10 / 08 / 2025
Transaction ID : SA11AI.14815

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUBBS, BARBARA, , ,

Mailing Address 152 BRIARWOOD DR

City: JOHNSON CITY | State: TN | Zip Code: 37615

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BES

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 12 / 12 / 2025
Transaction ID : SA11AI.7142

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 100.00

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

Image# 202601319810130419

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUBBS, BARBARA, , ,

Mailing Address 152 BRIARWOOD DR

City: JOHNSON CITY | State: TN | Zip Code: 37615

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 12 / 15 / 2025
Transaction ID : SA11AI.5910

Amount of Each Receipt this Period: 75.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUTCHINSON, THOMAS, , ,

Mailing Address 51 MAPLE ST APT 5

City: SALINAS | State: CA | Zip Code: 93901

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt: 08 / 26 / 2025
Transaction ID : SA11AI.20984

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUTCHINSON, THOMAS, , ,

Mailing Address 51 MAPLE ST APT 5

City: SALINAS | State: CA | Zip Code: 93901

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 10 / 2025
Transaction ID : SA11AI.20982

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 115.00

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

Image# 202601319810130420

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
HUTCHINSON, THOMAS, , ,

Mailing Address 51 MAPLE ST APT 5

City: SALINAS | State: CA | Zip Code: 93901

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 240.00

Date of Receipt: 12 / 01 / 2025
Transaction ID : SA11AI.23828

Amount of Each Receipt this Period: 15.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JERVIS, CARMENETTE, P., ,

Mailing Address 320 HERSHBERGER RD NW APT A212

City: ROANOKE | State: VA | Zip Code: 24012

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 255.00

Date of Receipt: 08 / 12 / 2025
Transaction ID : SA11AI.8098

Amount of Each Receipt this Period: 45.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JERVIS, CARMENETTE, P., ,

Mailing Address 320 HERSHBERGER RD NW APT A212

City: ROANOKE | State: VA | Zip Code: 24012

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 320.00

Date of Receipt: 12 / 12 / 2025
Transaction ID : SA11AI.6088

Amount of Each Receipt this Period: 65.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 125.00

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

Image# 202601319810130421

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
JONES, DAVID, , ,

Mailing Address 1128 VINE ST

City: SAINT CHARLES | State: MO | Zip Code: 63301

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 09 / 11 / 2025
Transaction ID : SA11AI.5541

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KAHN, ERNEST, , ,

Mailing Address 100 GOLDEN ISLES DR APT 902

City: HALLANDALE BEACH | State: FL | Zip Code: 33009

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 17 / 2025
Transaction ID : SA11AI.5355

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KAHN, ERNEST, , ,

Mailing Address 100 GOLDEN ISLES DR APT 902

City: HALLANDALE BEACH | State: FL | Zip Code: 33009

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 22 / 2025
Transaction ID : SA11AI.5354

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KAHN, ERNEST, , ,

Mailing Address 100 GOLDEN ISLES DR APT 902

City: HALLANDALE BEACH | State: FL | Zip Code: 33009

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 700.00

Date of Receipt: 10 / 16 / 2025

Transaction ID : SA11AI.5038

Amount of Each Receipt this Period: 200.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KUNBI, FETLEWORK, , ,

Mailing Address 13220 SHERWOOD FOREST DR

City: SILVER SPRING | State: MD | Zip Code: 20904

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 09 / 23 / 2025

Transaction ID : SA11AI.6799

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KUNBI, FETLEWORK, , ,

Mailing Address 13220 SHERWOOD FOREST DR

City: SILVER SPRING | State: MD | Zip Code: 20904

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 265.00

Date of Receipt: 09 / 26 / 2025

Transaction ID : SA11AI.8254

Amount of Each Receipt this Period: 40.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 290.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
KUNBI, FETLEWORK, , ,

Mailing Address 13220 SHERWOOD FOREST DR

City: SILVER SPRING | State: MD | Zip Code: 20904

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 12 / 08 / 2025
Transaction ID : SA11AI.5854

Amount of Each Receipt this Period: 75.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LALMOND, VIRGINIA, , ,

Mailing Address 5413 GLEN FALLS RD

City: REISTERSTOWN | State: MD | Zip Code: 21136

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 07 / 03 / 2025
Transaction ID : SA11AI.6067

Amount of Each Receipt this Period: 70.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LALMOND, VIRGINIA, , ,

Mailing Address 5413 GLEN FALLS RD

City: REISTERSTOWN | State: MD | Zip Code: 21136

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 280.00

Date of Receipt: 07 / 11 / 2025
Transaction ID : SA11AI.6143

Amount of Each Receipt this Period: 60.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 205.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LAW, HOWARD G, , ,

Mailing Address 16711 SHEET BEND WAY

City: FRIENDSWOOD | State: TX | Zip Code: 77546

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 10 / 15 / 2025
Transaction ID : SA11AI.5163

Amount of Each Receipt this Period: 125.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LEWIS, AMY, , ,

Mailing Address 117 DEWEY AVE

City: AMARILLO | State: TX | Zip Code: 79124

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 210.00

Date of Receipt: 12 / 16 / 2025
Transaction ID : SA11AI.15828

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MASTERS, DAVID, , ,

Mailing Address 4206 SUNRISE CREEK DR

City: SAN ANTONIO | State: TX | Zip Code: 78244

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BES

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 220.00

Date of Receipt: 12 / 16 / 2025
Transaction ID : SA11AI.7741

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCALL, VALERIE, , ,

Mailing Address PO BOX 30050

City: WASHINGTON | State: DC | Zip Code: 20030

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 210.00

Date of Receipt: 07 / 02 / 2025
Transaction ID : SA11AI.8985

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCALL, VALERIE, , ,

Mailing Address PO BOX 30050

City: WASHINGTON | State: DC | Zip Code: 20030

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 235.00

Date of Receipt: 09 / 03 / 2025
Transaction ID : SA11AI.13164

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCOY, CHRIS, , ,

Mailing Address 108 MILLWOOD CT

City: SAVANNAH | State: GA | Zip Code: 31410

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BES

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 325.00

Date of Receipt: 08 / 27 / 2025
Transaction ID : SA11AI.5037

Amount of Each Receipt this Period: 200.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 260.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCCOY, CHRIS, , ,

Mailing Address 108 MILLWOOD CT

City: SAVANNAH | State: GA | Zip Code: 31410

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 475.00

Date of Receipt: 12 / 10 / 2025
Transaction ID : SA11AI.5091

Amount of Each Receipt this Period: 150.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MCHAFFIE, BARBARA, , ,

Mailing Address 123 E FUTURITY PL

City: ORO VALLEY | State: AZ | Zip Code: 85755

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 07 / 09 / 2025
Transaction ID : SA11AI.16031

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MESSINGER, PHILIP, , ,

Mailing Address 7370 N BRIDLE PATH

City: PRESCOTT | State: AZ | Zip Code: 86305

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BES

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 07 / 01 / 2025
Transaction ID : SA11AI.4988

Amount of Each Receipt this Period: 500.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 675.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MORGAN, HENRY, , ,

Mailing Address 6830 MASSEY LN

City: MEMPHIS | State: TN | Zip Code: 38120

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 11 / 2025
Transaction ID : SA11AI.4996

Amount of Each Receipt this Period: 300.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MORTON, WILLIS, E., ,

Mailing Address PO BOX 988

City: CLAREMORE | State: OK | Zip Code: 74018

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 07 / 15 / 2025
Transaction ID : SA11AI.6015

Amount of Each Receipt this Period: 75.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MUCHA, MARVIN, , ,

Mailing Address 3498 ADGATE DR

City: IJAMSVILLE | State: MD | Zip Code: 21754

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 09 / 22 / 2025
Transaction ID : SA11AI.6280

Amount of Each Receipt this Period: 55.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 430.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MUKHTAR, KASHIF, , ,

Mailing Address 272 JOSHUA GLEN LN

City: CARY | State: NC | Zip Code: 27519

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): TCS
Occupation (for Individual): SOFTWARE DEVELOPER

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 395.00

Date of Receipt: 07 / 11 / 2025
Transaction ID : SA11AI.17422

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MUKHTAR, KASHIF, , ,

Mailing Address 272 JOSHUA GLEN LN

City: CARY | State: NC | Zip Code: 27519

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): TCS
Occupation (for Individual): SOFTWARE DEVELOPER

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 420.00

Date of Receipt: 07 / 29 / 2025
Transaction ID : SA11AI.13525

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NABORS, RICHARD, , ,

Mailing Address 116 GREEN SPRINGS DR

City: MADISON | State: AL | Zip Code: 35758

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 240.00

Date of Receipt: 07 / 09 / 2025
Transaction ID : SA11AI.8371

Amount of Each Receipt this Period: 40.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 85.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NABORS, RICHARD, , ,

Mailing Address 116 GREEN SPRINGS DR

City: MADISON | State: AL | Zip Code: 35758

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 08 / 29 / 2025
Transaction ID : SA11AI.11604

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NABORS, RICHARD, , ,

Mailing Address 116 GREEN SPRINGS DR

City: MADISON | State: AL | Zip Code: 35758

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt: 09 / 26 / 2025
Transaction ID : SA11AI.9602

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NABORS, RICHARD, , ,

Mailing Address 116 GREEN SPRINGS DR

City: MADISON | State: AL | Zip Code: 35758

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 10 / 01 / 2025
Transaction ID : SA11AI.8370

Amount of Each Receipt this Period: 40.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NABORS, RICHARD, , ,

Mailing Address 116 GREEN SPRINGS DR

City: MADISON | State: AL | Zip Code: 35758

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 395.00

Date of Receipt: 11 / 21 / 2025
Transaction ID : SA11AI.7115

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NABORS, RICHARD, , ,

Mailing Address 116 GREEN SPRINGS DR

City: MADISON | State: AL | Zip Code: 35758

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 415.00

Date of Receipt: 12 / 26 / 2025
Transaction ID : SA11AI.18252

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NAU, ROBERT, W., ,

Mailing Address 53888 NICHOLSON RD

City: PLEASANT CITY | State: OH | Zip Code: 43772

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 325.00

Date of Receipt: 10 / 22 / 2025
Transaction ID : SA11AI.7201

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 120.00

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

Image# 202601319810130431

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NAU, ROBERT, W., ,
Mailing Address 53888 NICHOLSON RD
City: PLEASANT CITY | State: OH | Zip Code: 43772
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 12 / 31 / 2025
Transaction ID : SA11AI.14492
Amount of Each Receipt this Period: 25.00
☐ Memo Item
CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NAU, ROBERT W., , ,
Mailing Address 53888 NICHOLSON RD
City: PLEASANT CITY | State: OH | Zip Code: 43772
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 05 / 2025
Transaction ID : SA11AI.7200
Amount of Each Receipt this Period: 50.00
☐ Memo Item
CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OBRIEN, WILLIAM, , ,
Mailing Address 7948 GLENFINNAN CIR
City: FORT MYERS | State: FL | Zip Code: 33912
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 08 / 27 / 2025
Transaction ID : SA11AI.11546
Amount of Each Receipt this Period: 30.00
☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OBRIEN, WILLIAM, , ,

Mailing Address 7948 GLENFINNAN CIR

City: FORT MYERS | State: FL | Zip Code: 33912

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 275.00

Date of Receipt: 10 / 03 / 2025
Transaction ID : SA11AI.14100

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OBRIEN, WILLIAM, , ,

Mailing Address 7948 GLENFINNAN CIR

City: FORT MYERS | State: FL | Zip Code: 33912

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 12 / 31 / 2025
Transaction ID : SA11AI.14099

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
OKELLEY, DEWEY T, , ,

Mailing Address 2302 BYRD ST

City: RALEIGH | State: NC | Zip Code: 27608

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BES

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 255.00

Date of Receipt: 12 / 25 / 2025
Transaction ID : SA11AI.5078

Amount of Each Receipt this Period: 155.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 205.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ONCKEN, HOLLY, , ,

Mailing Address 1163 MARTIN CREEK LN

City: WHITEFISH | State: MT | Zip Code: 59937

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

Date of Receipt: 10 / 14 / 2025
Transaction ID : SA11AI.5003

Amount of Each Receipt this Period: 250.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PEARCE, EDNA, , ,

Mailing Address 2612 LIZEI ST

City: RALEIGH | State: NC | Zip Code: 27616

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 230.00

Date of Receipt: 11 / 25 / 2025
Transaction ID : SA11AI.11288

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PEARCE, EDNA, , ,

Mailing Address 2612 LIZEI ST

City: RALEIGH | State: NC | Zip Code: 27616

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 255.00

Date of Receipt: 11 / 29 / 2025
Transaction ID : SA11AI.13558

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 305.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PEARCE, EDNA, , ,

Mailing Address 2612 LIZEI ST

City: RALEIGH | State: NC | Zip Code: 27616

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 280.00

Date of Receipt: 12 / 29 / 2025
Transaction ID : SA11AI.13557

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PHILLIPS, MARK, , ,

Mailing Address 13035 TORCH RIVER RD

City: RAPID CITY | State: MI | Zip Code: 49676

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 260.00

Date of Receipt: 07 / 09 / 2025
Transaction ID : SA11AI.5468

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
PHILLIPS, MARK, , ,

Mailing Address 13035 TORCH RIVER RD

City: RAPID CITY | State: MI | Zip Code: 49676

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 350.00

Date of Receipt: 12 / 08 / 2025
Transaction ID : SA11AI.5751

Amount of Each Receipt this Period: 90.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 215.00

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

Image# 202601319810130435

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RABB, CYNTHIA, , ,

Mailing Address 1168 W HAMBURG ST

City: BALTIMORE | State: MD | Zip Code: 21230

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 07 / 11 / 2025
Transaction ID : SA11AI.17175

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RABB, CYNTHIA, , ,

Mailing Address 1168 W HAMBURG ST

City: BALTIMORE | State: MD | Zip Code: 21230

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 295.00

Date of Receipt: 07 / 25 / 2025
Transaction ID : SA11AI.13311

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RABB, CYNTHIA, , ,

Mailing Address 1168 W HAMBURG ST

City: BALTIMORE | State: MD | Zip Code: 21230

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: 08 / 24 / 2025
Transaction ID : SA11AI.17167

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

Image# 202601319810130436

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RABB, CYNTHIA, , ,

Mailing Address 1168 W HAMBURG ST

City: BALTIMORE | State: MD | Zip Code: 21230

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt: 09 / 01 / 2025
Transaction ID : SA11AI.17171

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RABB, CYNTHIA, , ,

Mailing Address 1168 W HAMBURG ST

City: BALTIMORE | State: MD | Zip Code: 21230

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 355.00

Date of Receipt: 09 / 16 / 2025
Transaction ID : SA11AI.17174

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RABB, CYNTHIA, , ,

Mailing Address 1168 W HAMBURG ST

City: BALTIMORE | State: MD | Zip Code: 21230

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 380.00

Date of Receipt: 09 / 26 / 2025
Transaction ID : SA11AI.13310

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 65.00

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

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SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RABB, CYNTHIA, , ,

Mailing Address 1168 W HAMBURG ST

City: BALTIMORE | State: MD | Zip Code: 21230

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 26 / 2025
Transaction ID : SA11AI.17170

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RABB, CYNTHIA, , ,

Mailing Address 1168 W HAMBURG ST

City: BALTIMORE | State: MD | Zip Code: 21230

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 10 / 23 / 2025
Transaction ID : SA11AI.17173

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RABB, CYNTHIA, , ,

Mailing Address 1168 W HAMBURG ST

City: BALTIMORE | State: MD | Zip Code: 21230

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 440.00

Date of Receipt: 11 / 04 / 2025
Transaction ID : SA11AI.17172

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 60.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RABB, CYNTHIA, , ,

Mailing Address 1168 W HAMBURG ST

City: BALTIMORE | State: MD | Zip Code: 21230

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 11 / 27 / 2025
Transaction ID : SA11AI.17166

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RAYNOVIC, SUSAN, H., ,

Mailing Address PO BOX 123

City: CHIPPEWA FALLS | State: WI | Zip Code: 54729

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 07 / 09 / 2025
Transaction ID : SA11AI.5491

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RAYNOVIC, SUSAN, H., ,

Mailing Address PO BOX 123

City: CHIPPEWA FALLS | State: WI | Zip Code: 54729

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 675.00

Date of Receipt: 09 / 24 / 2025
Transaction ID : SA11AI.5488

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 220.00

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

Image# 202601319810130439

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RISCHAWY, JUDITH, , ,

Mailing Address 134 STATE ROUTE 31 APT 402

City: FLEMINGTON | State: NJ | Zip Code: 08822

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt: 08 / 02 / 2025
Transaction ID : SA11AI.6267

Amount of Each Receipt this Period: 55.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RISCHAWY, JUDITH, , ,

Mailing Address 134 STATE ROUTE 31 APT 402

City: FLEMINGTON | State: NJ | Zip Code: 08822

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 08 / 12 / 2025
Transaction ID : SA11AI.8947

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RISCHAWY, JUDITH, , ,

Mailing Address 134 STATE ROUTE 31 APT 402

City: FLEMINGTON | State: NJ | Zip Code: 08822

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 485.00

Date of Receipt: 11 / 26 / 2025
Transaction ID : SA11AI.8946

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 125.00

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

Image# 202601319810130440

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ROE, JAMES, , ,

Mailing Address 12501 LONGHORN PKWY APT A264

City: AUSTIN | State: TX | Zip Code: 78732

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 550.00

Date of Receipt: 09 / 23 / 2025
Transaction ID : SA11AI.5006

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ROGERS, GUY, , ,

Mailing Address 7547 TURTLE VIEW DR

City: RUSKIN | State: FL | Zip Code: 33573

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 08 / 22 / 2025
Transaction ID : SA11AI.4994

Amount of Each Receipt this Period: 300.00

[ ] Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RUMBOLD, ROSEMARY, , ,

Mailing Address 708 SHREWSBURY DR

City: CLARKSTON | State: MI | Zip Code: 48348

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼: 310.00

Date of Receipt: 08 / 12 / 2025
Transaction ID : SA11AI.7331

Amount of Each Receipt this Period: 50.00

[ ] Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

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

Image# 202601319810130441

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
RUMBOLD, ROSEMARY, , ,

Mailing Address 708 SHREWSBURY DR

City: CLARKSTON | State: MI | Zip Code: 48348

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 09 / 24 / 2025
Transaction ID : SA11AI.6406

Amount of Each Receipt this Period: 55.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SABAITIS, MARTHA, , ,

Mailing Address 2232 CRESTVIEW DR

City: SCHERERVILLE | State: IN | Zip Code: 46375

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 335.00

Date of Receipt: 07 / 17 / 2025
Transaction ID : SA11AI.5948

Amount of Each Receipt this Period: 75.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SABAITIS, MARTHA, , ,

Mailing Address 2232 CRESTVIEW DR

City: SCHERERVILLE | State: IN | Zip Code: 46375

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 415.00

Date of Receipt: 08 / 25 / 2025
Transaction ID : SA11AI.5781

Amount of Each Receipt this Period: 80.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 210.00

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SABAITIS, MARTHA, , ,

Mailing Address 2232 CRESTVIEW DR

City: SCHERERVILLE | State: IN | Zip Code: 46375

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt: 08 / 28 / 2025
Transaction ID : SA11AI.5949

Amount of Each Receipt this Period: 75.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SABAITIS, MARTHA, , ,

Mailing Address 2232 CRESTVIEW DR

City: SCHERERVILLE | State: IN | Zip Code: 46375

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 525.00

Date of Receipt: 09 / 15 / 2025
Transaction ID : SA11AI.9892

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SABAITIS, MARTHA, , ,

Mailing Address 2232 CRESTVIEW DR

City: SCHERERVILLE | State: IN | Zip Code: 46375

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 10 / 09 / 2025
Transaction ID : SA11AI.7271

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SALAMON, ALEXANDER, , ,

Mailing Address PO BOX 327

City: WESTERVILLE | State: OH | Zip Code: 43086

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BE

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 10 / 31 / 2025
Transaction ID : SA11AI.5014

Amount of Each Receipt this Period: 215.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SCHWUCHOW, ROBERT, , ,

Mailing Address 4208 CREST DR

City: LAFAYETTE | State: IN | Zip Code: 47905

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 28 / 2025
Transaction ID : SA11AI.5450

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SMART, VICTOR, , ,

Mailing Address 4017 E 1000 N

City: ROANOKE | State: IN | Zip Code: 46783

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 295.00

Date of Receipt: 10 / 15 / 2025
Transaction ID : SA11AI.8433

Amount of Each Receipt this Period: 40.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 355.00

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

Image# 202601319810130444

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SMART, VICTOR, , ,

Mailing Address 4017 E 1000 N

City: ROANOKE | State: IN | Zip Code: 46783

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 335.00

Date of Receipt: 11 / 28 / 2025
Transaction ID : SA11AI.8432

Amount of Each Receipt this Period: 40.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SOLIS, GABRIEL, , ,

Mailing Address 6814 W COUNTY ROAD 50

City: MIDLAND | State: TX | Zip Code: 79707

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 475.00

Date of Receipt: 08 / 27 / 2025
Transaction ID : SA11AI.12397

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SOLIS, GABRIEL, , ,

Mailing Address 6814 W COUNTY ROAD 50

City: MIDLAND | State: TX | Zip Code: 79707

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 500.00

Date of Receipt: 08 / 28 / 2025
Transaction ID : SA11AI.15835

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SOLIS, GABRIEL, , ,

Mailing Address 6814 W COUNTY ROAD 50

City: MIDLAND | State: TX | Zip Code: 79707

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 535.00

Date of Receipt: 09 / 11 / 2025
Transaction ID : SA11AI.10507

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STAMMLER, EGON, , ,

Mailing Address 2904 NE 89TH ST

City: KANSAS CITY | State: MO | Zip Code: 64156

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

Date of Receipt: 07 / 07 / 2025
Transaction ID : SA11AI.5549

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STANDIFORD, STEPHANIE, , ,

Mailing Address 201 UPNOR RD

City: BALTIMORE | State: MD | Zip Code: 21212

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 220.00

Date of Receipt: 08 / 13 / 2025
Transaction ID : SA11AI.13267

Amount of Each Receipt this Period: 25.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 160.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
STANDIFORD, STEPHANIE, , ,

Mailing Address 201 UPNOR RD

City: BALTIMORE | State: MD | Zip Code: 21212

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 10 / 24 / 2025
Transaction ID : SA11AI.21606

Amount of Each Receipt this Period: 15.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
SUDHIR, NALINI, , ,

Mailing Address 6216 WEDGEWOOD RD

City: BETHESDA | State: MD | Zip Code: 20817

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 17 / 2025
Transaction ID : SA11AI.5148

Amount of Each Receipt this Period: 125.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TALLEY, GEORGE, , ,

Mailing Address 161 WESTMINSTER DR # 16

City: DOVER | State: DE | Zip Code: 19904

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 09 / 23 / 2025
Transaction ID : SA11AI.6750

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 190.00

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

Image# 202601319810130447

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TALLMAN, DONALD, , ,

Mailing Address 2655 NOAHS ARK RD

City: JONESBORO | State: GA | Zip Code: 30236

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 07 / 11 / 2025
Transaction ID : SA11AI.6965

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TALLMAN, DONALD, , ,

Mailing Address 2655 NOAHS ARK RD

City: JONESBORO | State: GA | Zip Code: 30236

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt: 08 / 11 / 2025
Transaction ID : SA11AI.5328

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THIEL, GUY, , ,

Mailing Address 32353 SAN JUAN CREEK RD APT 129

City: SAN JUAN CAPISTRANO | State: CA | Zip Code: 92675

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 07 / 09 / 2025
Transaction ID : SA11AI.5140

Amount of Each Receipt this Period: 150.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
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Use separate schedule(s) for each category of the Detailed Summary Page

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THOMAS, JAMES, , ,

Mailing Address 6259 SHAGBARK DR

City: LOVELAND | State: OH | Zip Code: 45140

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 255.00

Date of Receipt: 08 / 04 / 2025
Transaction ID : SA11AI.7232

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THOMAS, JAMES, , ,

Mailing Address 6259 SHAGBARK DR

City: LOVELAND | State: OH | Zip Code: 45140

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 330.00

Date of Receipt: 09 / 09 / 2025
Transaction ID : SA11AI.5935

Amount of Each Receipt this Period: 75.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
THOMAS, JAMES, , ,

Mailing Address 6259 SHAGBARK DR

City: LOVELAND | State: OH | Zip Code: 45140

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 380.00

Date of Receipt: 11 / 07 / 2025
Transaction ID : SA11AI.7233

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 175.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TREIBICK, ALEXI, HOPE, ,

Mailing Address 14005 PALAWAN WAY APT 214

City: MARINA DEL REY | State: CA | Zip Code: 90292

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 16 / 2025
Transaction ID : SA11AI.5688

Amount of Each Receipt this Period: 100.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TRIPLETT, LINDA, , ,

Mailing Address 1443 GREYCOURT AVE

City: RICHMOND | State: VA | Zip Code: 23227

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 445.00

Date of Receipt: 07 / 16 / 2025
Transaction ID : SA11AI.9116

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TRIPLETT, LINDA, , ,

Mailing Address 1443 GREYCOURT AVE

City: RICHMOND | State: VA | Zip Code: 23227

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 485.00

Date of Receipt: 07 / 23 / 2025
Transaction ID : SA11AI.8285

Amount of Each Receipt this Period: 40.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 175.00

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

SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TRIPLETT, LINDA, , ,

Mailing Address 1443 GREYCOURT AVE

City: RICHMOND | State: VA | Zip Code: 23227

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 520.00

Date of Receipt: 09 / 19 / 2025
Transaction ID : SA11AI.9117

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TRIPLETT, LINDA, , ,

Mailing Address 1443 GREYCOURT AVE

City: RICHMOND | State: VA | Zip Code: 23227

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 555.00

Date of Receipt: 09 / 24 / 2025
Transaction ID : SA11AI.9115

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TRIPLETT, LINDA, , ,

Mailing Address 1443 GREYCOURT AVE

City: RICHMOND | State: VA | Zip Code: 23227

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 595.00

Date of Receipt: 10 / 10 / 2025
Transaction ID : SA11AI.8284

Amount of Each Receipt this Period: 40.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 110.00

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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TRIPLETT, LINDA, , ,

Mailing Address 1443 GREYCOURT AVE

City: RICHMOND | State: VA | Zip Code: 23227

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt: 10 / 10 / 2025
Transaction ID : SA11AI.9114

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
TRIPLETT, LINDA, , ,

Mailing Address 1443 GREYCOURT AVE

City: RICHMOND | State: VA | Zip Code: 23227

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 665.00

Date of Receipt: 11 / 14 / 2025
Transaction ID : SA11AI.9118

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
USINGER, PATRICIA, , ,

Mailing Address 1809 GLASSBORO RD

City: WILLIAMSTOWN | State: NJ | Zip Code: 08094

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 22 / 2025
Transaction ID : SA11AI.8919

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

Image# 202601319810130452

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
USINGER, PATRICIA, , ,

Mailing Address 1809 GLASSBORO RD

City: WILLIAMSTOWN | State: NJ | Zip Code: 08094

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 385.00

Date of Receipt: 09 / 08 / 2025
Transaction ID : SA11AI.8921

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
USINGER, PATRICIA, , ,

Mailing Address 1809 GLASSBORO RD

City: WILLIAMSTOWN | State: NJ | Zip Code: 08094

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 420.00

Date of Receipt: 11 / 28 / 2025
Transaction ID : SA11AI.8920

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
USINGER, PATRICIA, , ,

Mailing Address 1809 GLASSBORO RD

City: WILLIAMSTOWN | State: NJ | Zip Code: 08094

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 455.00

Date of Receipt: 11 / 30 / 2025
Transaction ID : SA11AI.8918

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

Image# 202601319810130453

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
USINGER, PATRICIA, , ,

Mailing Address 1809 GLASSBORO RD

City: WILLIAMSTOWN | State: NJ | Zip Code: 08094

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 30 / 2025
Transaction ID : SA11AI.8086

Amount of Each Receipt this Period: 45.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VALENCIA, REYNA, , ,

Mailing Address 797 QUINCE ORCHARD BLVD APT 23

City: GAITHERSBURG | State: MD | Zip Code: 20878

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 413.00

Date of Receipt: 07 / 15 / 2025
Transaction ID : SA11AI.11127

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VALENCIA, REYNA, , ,

Mailing Address 797 QUINCE ORCHARD BLVD APT 23

City: GAITHERSBURG | State: MD | Zip Code: 20878

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 443.00

Date of Receipt: 07 / 22 / 2025
Transaction ID : SA11AI.11126

Amount of Each Receipt this Period: 30.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

Image# 202601319810130454

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VALENCIA, REYNA, , ,

Mailing Address 797 QUINCE ORCHARD BLVD APT 23

City: GAITHERSBURG | State: MD | Zip Code: 20878

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 458.00

Date of Receipt: 09 / 08 / 2025
Transaction ID : SA11AI.21587

Amount of Each Receipt this Period: 15.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
VALENCIA, REYNA, , ,

Mailing Address 797 QUINCE ORCHARD BLVD APT 23

City: GAITHERSBURG | State: MD | Zip Code: 20878

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 493.00

Date of Receipt: 09 / 25 / 2025
Transaction ID : SA11AI.9030

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WARD, CHRISTINE, A., ,

Mailing Address 13477 CHEVINGTON DR

City: PICKERINGTON | State: OH | Zip Code: 43147

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 445.00

Date of Receipt: 08 / 01 / 2025
Transaction ID : SA11AI.6375

Amount of Each Receipt this Period: 55.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 105.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WARD, CHRISTINE, A., ,

Mailing Address 13477 CHEVINGTON DR

City: PICKERINGTON | State: OH | Zip Code: 43147

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 495.00

Date of Receipt: 08 / 07 / 2025
Transaction ID : SA11AI.7190

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WARD, CHRISTINE, A., ,

Mailing Address 13477 CHEVINGTON DR

City: PICKERINGTON | State: OH | Zip Code: 43147

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt: 11 / 24 / 2025
Transaction ID : SA11AI.6374

Amount of Each Receipt this Period: 55.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEHRS, ELIZABETH, LOUISE, ,

Mailing Address 3020 BURL HOLLOW DR

City: STOCKTON | State: CA | Zip Code: 95209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 370.00

Date of Receipt: 07 / 14 / 2025
Transaction ID : SA11AI.10806

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 140.00

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

Image# 202601319810130456

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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☒ 11a ☐ 11b ☐ 11c ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEHRS, ELIZABETH, LOUISE, ,

Mailing Address 3020 BURL HOLLOW DR

City: STOCKTON | State: CA | Zip Code: 95209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 385.00

Date of Receipt: 07 / 21 / 2025
Transaction ID : SA11AI.23892

Amount of Each Receipt this Period: 15.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEHRS, ELIZABETH, LOUISE, ,

Mailing Address 3020 BURL HOLLOW DR

City: STOCKTON | State: CA | Zip Code: 95209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 435.00

Date of Receipt: 10 / 07 / 2025
Transaction ID : SA11AI.8026

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEHRS, ELIZABETH, LOUISE, ,

Mailing Address 3020 BURL HOLLOW DR

City: STOCKTON | State: CA | Zip Code: 95209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 455.00

Date of Receipt: 11 / 04 / 2025
Transaction ID : SA11AI.21082

Amount of Each Receipt this Period: 20.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 85.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEHRS, ELIZABETH, LOUISE, ,

Mailing Address 3020 BURL HOLLOW DR

City: STOCKTON | State: CA | Zip Code: 95209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 505.00

Date of Receipt: 11 / 29 / 2025
Transaction ID : SA11AI.8025

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WEHRS, ELIZABETH, LOUISE, ,

Mailing Address 3020 BURL HOLLOW DR

City: STOCKTON | State: CA | Zip Code: 95209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼: 545.00

Date of Receipt: 12 / 03 / 2025
Transaction ID : SA11AI.8671

Amount of Each Receipt this Period: 40.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WHALEN, WAYNE, , ,

Mailing Address 1444 NICHOLS RIDGE RD

City: SEAMAN | State: OH | Zip Code: 45679

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFORMATION REQUESTED PER BEST EFFORTS
Occupation (for Individual): INFORMATION REQUESTED PER BES

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼: 225.00

Date of Receipt: 10 / 24 / 2025
Transaction ID : SA11AI.5108

Amount of Each Receipt this Period: 150.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 240.00

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

Image# 202601319810130458

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WONG, WEN, , ,

Mailing Address 312 S BUFFALO ST

City: WARSAW | State: IN | Zip Code: 46580

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 235.00

Date of Receipt: 07 / 09 / 2025
Transaction ID : SA11AI.7281

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WONG, WEN, , ,

Mailing Address 312 S BUFFALO ST

City: WARSAW | State: IN | Zip Code: 46580

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EF

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 07 / 09 / 2025
Transaction ID : SA11AI.7282

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WONG, WEN, , ,

Mailing Address 312 S BUFFALO ST

City: WARSAW | State: IN | Zip Code: 46580

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFF

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 320.00

Date of Receipt: 10 / 15 / 2025
Transaction ID : SA11AI.9897

Amount of Each Receipt this Period: 35.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 135.00

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

Image# 202601319810130459

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
WONG, WEN, , ,

Mailing Address 312 S BUFFALO ST

City: WARSAW | State: IN | Zip Code: 46580

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): INFO REQUESTED AS PER BEST EFFORTS
Occupation (for Individual): INFO REQUESTED AS PER BEST EFI

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt: 11 / 05 / 2025

Transaction ID : SA11AI.7280

Amount of Each Receipt this Period: 50.00

☐ Memo Item

CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
YARWASKY, FRANK A., , ,

Mailing Address 1229 SPRINGTIME DR

City: GARDNERVILLE | State: NV | Zip Code: 89460

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): RETIRED
Occupation (for Individual): RETIRED

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 11 / 2025

Transaction ID : SA11AI.4990

Amount of Each Receipt this Period: 350.00

☐ Memo Item

CONTRIBUTION

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City | State | Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) | Occupation (for Individual)

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-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) ▶ 400.00

TOTAL This Period (last page this line number only) ▶ 15970.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
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☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A.
Full Name (Last, First, Middle Initial)
ADVANCED CREATIVE MEDIA INC
Mailing Address 144 E MIDWEST AVENUE
STE 209B
City: CASPER | State: WY | Zip Code: 82601
Purpose of Disbursement: FINANCE CONSULTING
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2025
FEC Identification Number: C
Transaction ID : SB21B.24157
Amount of Each Disbursement this Period: 66690.28
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
BURWITZ SOSTAK AND WERNER LLC
Mailing Address 12166 OLD BIG BEND RD
City: ST LOUIS | State: MO | Zip Code: 63122
Purpose of Disbursement: ACCOUNTING CONSULTING
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 15 / 2025
FEC Identification Number: C
Transaction ID : SB21B.24163
Amount of Each Disbursement this Period: 1535.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
CAPITOL TREASURY ASSOCIATES
Mailing Address 7500 W HIGHWAY 71 STE 101
City: AUSTIN | State: TX | Zip Code: 78735
Purpose of Disbursement: COMPLIANCE CONSULTING
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 07 / 2025
FEC Identification Number: C
Transaction ID : SB21B.2416
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 70225.28

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A. Full Name (Last, First, Middle Initial)
CW WALKER CONSULTANTS
Mailing Address 7500 W HIGHWAY 71 STE 101
City: AUSTIN | State: TX | Zip Code: 78735
Purpose of Disbursement: PAC MANAGEMENT CONSULTING
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 15 / 2025
FEC Identification Number: C
Transaction ID : SB21B.24165
Amount of Each Disbursement this Period: 21000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial)
DONOR SOLUTION LLC
Mailing Address 2222 W GRAND RIVER AVE STE A
City: OKEMOS | State: MI | Zip Code: 48864
Purpose of Disbursement: FINANCE CONSULTING
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2025
FEC Identification Number: C
Transaction ID : SB21B.24158
Amount of Each Disbursement this Period: 3896.10
☐ Memo Item

C. Full Name (Last, First, Middle Initial)
DS3 MARKETING LLC
Mailing Address 1607 PONCE DE LEON AVE SUITE GM08
City: SAN JUAN | State: PR | Zip Code: 00909
Purpose of Disbursement: FINANCE CONSULTING
Candidate Name:
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2025
FEC Identification Number: C
Transaction ID : SB21B.2415
Amount of Each Disbursement this Period: 120134.77
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 145030.87

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

Image# 202601319810130462

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A.
Full Name (Last, First, Middle Initial)
GSI INC
Mailing Address 6655 CHICAGO ROAD STE A
City: WARREN | State: MI | Zip Code: 48092
Purpose of Disbursement: FINANCE CONSULTING
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2025
FEC Identification Number: C
Transaction ID : SB21B.24160
Amount of Each Disbursement this Period: 74210.18
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
M&D LOGISTICS LLC
Mailing Address 680 S CACHE STREET SUITE 100-10219
City: JACKSON | State: WY | Zip Code: 83001
Purpose of Disbursement: FINANCE CONSULTING
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2025
FEC Identification Number: C
Transaction ID : SB21B.24162
Amount of Each Disbursement this Period: 6497.40
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
PRO SPEAKING LLC
Mailing Address 8020 SHERIDAN BLVD C320
City: WESTMINSTER | State: CO | Zip Code: 80003
Purpose of Disbursement: FINANCE CONSULTING
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 31 / 2025
FEC Identification Number: C
Transaction ID : SB21B.24161
Amount of Each Disbursement this Period: 34040.89
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 114748.47

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

Image# 202601319810130463

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

NAME OF COMMITTEE (In Full)
AMERICAN ALLIANCE FOR DISABLED CHILDREN PAC

A.
Full Name (Last, First, Middle Initial)
REGUS CORPORATION
Mailing Address 100 HIGHLAND PARK VILLAGE
City: DALLAS | State: TX | Zip Code: 75205
Purpose of Disbursement: RENT
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 15 / 2025
FEC Identification Number: C
Transaction ID : SB21B.24166
Amount of Each Disbursement this Period: 1845.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1845.00

TOTAL This Period (last page this line number only) ▶ 331849.62