

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Salazar for Congress

ADDRESS (number and street)

3725 West Flagler Street

#281

Miami

FL

33134

☐ Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00714261

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

27

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

2025

through

M M /

D D /

Y Y Y Y

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

Williamson, Les, , ,

Signature of Treasurer

Williamson, Les, , ,

Date

M M /

D D /

Y Y Y Y

04

15

2025

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Salazar for Congress

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	94463.94	100269.54
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	94463.94	100269.54
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	89630.59	425515.02
(b) Total Offsets to Operating Expenditures (from Line 14)	63.75	120.57
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	89566.84	425394.45
8. Cash on Hand at Close of Reporting Period (from Line 27)	1418369.21	
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)	14300.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Salazar for Congress

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

9314.19

10161.45

(ii) Unitemized

6571.28

10029.62

(iii) TOTAL of contributions
from individuals ▶

15885.47

20191.07

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

76085.70

77585.70

(d) The Candidate

2492.77

2492.77

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

94463.94

100269.54

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

2644.97

30295.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

63.75

120.57

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

0.00

0.00

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

97172.66

130685.11

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

89630.59

425515.02

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0.00

0.00

19. LOAN REPAYMENTS:

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

0.00

0.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

89630.59

425515.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

1410827.14

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

97172.66

25. SUBTOTAL (add Line 23 and Line 24).....

1507999.80

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

89630.59

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

1418369.21

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

PAGE 5 OF 104

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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

NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

CLEMENTI, CHRISTOPHER, , ,

A.

Mailing Address 1244 ANASTASIA AVENUE

City

CORAL GABLES

State

FL

Zip Code

33134-6340

FEC ID number of contributing
federal political committee.

C

Name of Employer

AEG FUELS

Occupation

CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2025

Transaction ID : SA11A.214741

Amount of Each Receipt this Period

3500.00

☐ Memo Item
 CONTRIBUTION
B.

Full Name (Last, First, Middle Initial)

CLEMENTI, MICHAEL, S., ,

Mailing Address 2740 STIRRUP LANE

City

WESTON

State

FL

Zip Code

33331-3020

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		24		2025

Transaction ID : SA11A.214742

Amount of Each Receipt this Period

3500.00

☐ Memo Item
 CONTRIBUTION
C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		03		2025

Transaction ID : SA11C.208634

Amount of Each Receipt this Period

145.56

☒ Memo Item
 CONTRIBUTION
SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

7000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 104

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

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

A.

Mailing Address PO BOX 246

City

RICHLAND

State

GA

Zip Code

31825-0246

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 03 2025

Transaction ID : SA11A.208640

Amount of Each Receipt this Period

7.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 10 2025

Transaction ID : SA11C.208684

Amount of Each Receipt this Period

532.16

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

C.

Mailing Address PO BOX 246

City

RICHLAND

State

GA

Zip Code

31825-0246

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 05 2025

Transaction ID : SA11A.208728

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

22.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

MOLEIRO, ISRAEL, , ,

A.

Mailing Address 1646 SOUTHWEST 8TH STREET

City
MIAMIState
FLZip Code
33135-5220FEC ID number of contributing
federal political committee.

C

Name of Employer
LATIN ART CORE GALLERYOccupation
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 10 2025

Transaction ID : SA11A.208730

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.Full Name (Last, First, Middle Initial)
WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M M / D D / Y Y Y Y Y
01 17 2025

Transaction ID : SA11C.208771

Amount of Each Receipt this Period

364.73

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**C.**Full Name (Last, First, Middle Initial)
KASTELER, RICHARDS, , ,

Mailing Address 4516 SOUTH 700 EAST

City
MURRAYState
UTZip Code
84107-4192FEC ID number of contributing
federal political committee.

C

Name of Employer
INSURE-RITE, INC.Occupation
PRESIDENT, CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 16 2025

Transaction ID : SA11A.208800

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

100.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 104

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

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

A.

Mailing Address PO BOX 246

City

RICHLAND

State

GA

Zip Code

31825-0246

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 16 2025

Transaction ID : SA11A.208806

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

B.

Mailing Address PO BOX 246

City

RICHLAND

State

GA

Zip Code

31825-0246

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 16 2025

Transaction ID : SA11A.208807

Amount of Each Receipt this Period

15.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

ROGER, STEFAN, , ,

C.

Mailing Address 19108 NE 140TH PL

City

WOODINVILLE

State

WA

Zip Code

98077-7823

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 14 2025

Transaction ID : SA11A.208818

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

79.50

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 104

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

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)
WINRED

A. Mailing Address P.O. BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M M / D D / Y Y Y Y
01 24 2025

Transaction ID : SA11C.208845

Amount of Each Receipt this Period

452.42

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)
LEVEY, ARTHUR, , ,

B. Mailing Address 786 CRANDON BOULEVARD

City
KEY BISCAYNE

State
FL

Zip Code
33149-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
01 20 2025

Transaction ID : SA11A.208915

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

C. Mailing Address PO BOX 246

City
RICHLAND

State
GA

Zip Code
31825-0246

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M M / D D / Y Y Y Y
01 19 2025

Transaction ID : SA11A.208924

Amount of Each Receipt this Period

10.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

60.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 104

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

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

A.

Mailing Address PO BOX 246

City

RICHLAND

State

GA

Zip Code

31825-0246

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 18 2025

Transaction ID : SA11A.208925

Amount of Each Receipt this Period

12.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

B.

Mailing Address PO BOX 246

City

RICHLAND

State

GA

Zip Code

31825-0246

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 18 2025

Transaction ID : SA11A.208926

Amount of Each Receipt this Period

41.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 31 2025

Transaction ID : SA11C.208976

Amount of Each Receipt this Period

830.86

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

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

53.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

EGIDI, DENNIS, , ,

A.

Mailing Address 246 SPRINGLINE DRIVE

City
NAPLESState
FLZip Code
34102-5053FEC ID number of contributing
federal political committee.

C

Name of Employer
DRE INC.Occupation
DEVELOPER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	2	5

Transaction ID : SA11A.209090

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

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

Transaction ID : SA11A.209095

Amount of Each Receipt this Period

3.25

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

Transaction ID : SA11A.209096

Amount of Each Receipt this Period

2.76

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

256.01

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

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

PAGE 12 OF 104

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

A.

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

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

Transaction ID : SA11A.209097

Amount of Each Receipt this Period

3.33

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

B.

Mailing Address PO BOX 246

City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	5	

Transaction ID : SA11A.209289

Amount of Each Receipt this Period

4.45

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

C.

Mailing Address PO BOX 246

City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

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

Transaction ID : SA11A.210109

Amount of Each Receipt this Period

- 4.45

☐ Memo Item
 CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

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

3.33
- 4.45

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

A. Mailing Address PO BOX 246City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	5	

Transaction ID : SA11A.209290

Amount of Each Receipt this Period

12.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address PO BOX 246

City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

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

Transaction ID : SA11A.209291

Amount of Each Receipt this Period

0.84

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address PO BOX 246

City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

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

Transaction ID : SA11A.210108

Amount of Each Receipt this Period

- 0.84

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

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

12.00

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

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

PAGE 14 OF 104

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

A. Mailing Address PO BOX 246City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

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

Transaction ID : SA11A.209292

Amount of Each Receipt this Period

5.56

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,
Mailing Address PO BOX 246City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

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

Transaction ID : SA11A.210107

Amount of Each Receipt this Period

- 5.56

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

C. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,
Mailing Address PO BOX 246City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

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

Transaction ID : SA11A.209293

Amount of Each Receipt this Period

5.56

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

5.56

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

PAGE 15 OF 104

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

A. Mailing Address PO BOX 246City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

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

Transaction ID : SA11A.210106

Amount of Each Receipt this Period

- 5.56

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

B. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,
Mailing Address PO BOX 246City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

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

Transaction ID : SA11A.209294

Amount of Each Receipt this Period

8.34

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,
Mailing Address PO BOX 246City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

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

Transaction ID : SA11A.209295

Amount of Each Receipt this Period

5.56

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

8.34

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 104

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

MCLENDON, MARGARET, , ,

A. Mailing Address PO BOX 246City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 10 2025

Transaction ID : SA11A.210105

Amount of Each Receipt this Period

- 5.56

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

B. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address PO BOX 246

City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M M / D D / Y Y Y Y Y
01 26 2025

Transaction ID : SA11A.209296

Amount of Each Receipt this Period

5.56

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C. Full Name (Last, First, Middle Initial)
MCLENDON, MARGARET, , ,

Mailing Address PO BOX 246

City
RICHLANDState
GAZip Code
31825-0246FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

495.34

Date of Receipt

M M / D D / Y Y Y Y Y
02 10 2025

Transaction ID : SA11A.210104

Amount of Each Receipt this Period

- 5.56

☐ Memo Item
CONTRIBUTION

EARMARKED BY WINRED - CHARGED BACK

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

- 5.56

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

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

FOR LINE NUMBER:
(check only one)

PAGE 17 OF 104

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

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)
WINRED

A. Mailing Address P.O. BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M M / D D / Y Y Y Y Y
02 07 2025

Transaction ID : SA11C.209529

Amount of Each Receipt this Period

902.46

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)
EMILSON, CARL, , ,

B. Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M / D D / Y Y Y Y Y
02 03 2025

Transaction ID : SA11A.209673

Amount of Each Receipt this Period

2.30

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
EMILSON, CARL, , ,

C. Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M / D D / Y Y Y Y Y
02 07 2025

Transaction ID : SA11A.209674

Amount of Each Receipt this Period

3.57

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

5.87

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

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

PAGE 18 OF 104

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

A.

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		03		2025

Transaction ID : SA11A.209675

Amount of Each Receipt this Period

3.37

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.Full Name (Last, First, Middle Initial)
WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		14		2025

Transaction ID : SA11C.210124

Amount of Each Receipt this Period

575.35

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**C.**Full Name (Last, First, Middle Initial)
EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		11		2025

Transaction ID : SA11A.210307

Amount of Each Receipt this Period

3.14

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

6.51

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 104

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

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

A.

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M / D D / Y Y Y Y Y
02 08 2025

Transaction ID : SA11A.210308

Amount of Each Receipt this Period

3.24

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MOLEIRO, ISRAEL, , ,

B.

Mailing Address 1646 SOUTHWEST 8TH STREET

City
MIAMI

State
FL

Zip Code
33135-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer
LATIN ART CORE GALLERY

Occupation
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 10 2025

Transaction ID : SA11A.210574

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

ROGER, STEFAN, , ,

C.

Mailing Address 19108 NE 140TH PL

City
WOODINVILLE

State
WA

Zip Code
98077-7823

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y
02 14 2025

Transaction ID : SA11A.210672

Amount of Each Receipt this Period

49.50

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

102.74

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

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

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 104

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

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Salazar for Congress

Full Name (Last, First, Middle Initial)
WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 21 2025

Transaction ID : SA11C.210860

Amount of Each Receipt this Period

672.14

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)
EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF-EMPLOYED

IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 19 2025

Transaction ID : SA11A.210968

Amount of Each Receipt this Period

2.90

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
KASTELER, RICHARDS, , ,

Mailing Address 4516 SOUTH 700 EAST

City
MURRAY

State
UT

Zip Code
84107-4192

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

INSURE-RITE, INC.

PRESIDENT, CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 16 2025

Transaction ID : SA11A.211080

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

52.90

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

LEVEY, ARTHUR, , ,

A.

Mailing Address 786 CRANDON BOULEVARD

City

KEY BISCAVNE

State

FL

Zip Code

33149-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.211111

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	7		2	0	2	5

Transaction ID : SA11C.211721

Amount of Each Receipt this Period

1651.72

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**C.**

Full Name (Last, First, Middle Initial)

EGIDI, DENNIS, , ,

Mailing Address 246 SPRINGLINE DRIVE

City

NAPLES

State

FL

Zip Code

34102-5053

FEC ID number of contributing
federal political committee.

C

Name of Employer

DRE INC.

Occupation

DEVELOPER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	5

Transaction ID : SA11A.211944

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

A.

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 06 2025

Transaction ID : SA11A.211948

Amount of Each Receipt this Period

277.35

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

B.

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 04 2025

Transaction ID : SA11A.211949

Amount of Each Receipt this Period

2.27

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

C.

Mailing Address 435 S E KRUEGER PKWY

City
STUART

State
FL

Zip Code
34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 04 2025

Transaction ID : SA11A.211950

Amount of Each Receipt this Period

2.27

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

281.89

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

A.

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M / D D / Y Y Y Y Y
03 03 2025

Transaction ID : SA11A.211951

Amount of Each Receipt this Period

2.90

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M / D D / Y Y Y Y Y
02 27 2025

Transaction ID : SA11A.211952

Amount of Each Receipt this Period

3.50

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M M / D D / Y Y Y Y Y
03 14 2025

Transaction ID : SA11C.213632

Amount of Each Receipt this Period

638.92

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

6.40

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

MOLEIRO, ISRAEL, , ,

A.

Mailing Address 1646 SOUTHWEST 8TH STREET

City
MIAMIState
FLZip Code
33135-5220FEC ID number of contributing
federal political committee.

C

Name of Employer
LATIN ART CORE GALLERYOccupation
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 10 2025

Transaction ID : SA11A.213996

Amount of Each Receipt this Period

50.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M M / D D / Y Y Y Y Y
03 21 2025

Transaction ID : SA11C.214230

Amount of Each Receipt this Period

681.95

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**C.**

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M / D D / Y Y Y Y Y
03 21 2025

Transaction ID : SA11A.214358

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

53.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

A.

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		15		2025

Transaction ID : SA11A.214359

Amount of Each Receipt this Period

2.50

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

KASTELER, RICHARDS, , ,

B.

Mailing Address 4516 SOUTH 700 EAST

City
MURRAYState
UTZip Code
84107-4192FEC ID number of contributing
federal political committee.

C

Name of Employer
INSURE-RITE, INC.Occupation
PRESIDENT, CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		16		2025

Transaction ID : SA11A.214455

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LEVEY, ARTHUR, , ,

C.

Mailing Address 786 CRANDON BOULEVARD

City
KEY BISCAYNEState
FLZip Code
33149-2506FEC ID number of contributing
federal political committee.

C

Name of Employer
NONEOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		20		2025

Transaction ID : SA11A.214477

Amount of Each Receipt this Period

50.00

☐ Memo Item
 CONTRIBUTION

EARMARKED FROM WINRED

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

102.50

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

ROGER, STEFAN, , ,

A.

Mailing Address 19108 NE 140TH PL

City

WOODINVILLE

State

WA

Zip Code

98077-7823

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

247.50

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2025

Transaction ID : SA11A.214607

Amount of Each Receipt this Period

49.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2025

Transaction ID : SA11C.214744

Amount of Each Receipt this Period

481.48

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**C.**

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

Mailing Address 435 S E KRUEGER PKWY

City

STUART

State

FL

Zip Code

34996-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

IMPORTER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 24 / 2025

Transaction ID : SA11A.214838

Amount of Each Receipt this Period

2.90

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

52.40

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

A.

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	7		2	0	2	5

Transaction ID : SA11A.214839

Amount of Each Receipt this Period

2.80

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address P.O. BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14561.88

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

Transaction ID : SA11C.215130

Amount of Each Receipt this Period

1320.68

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

EGIDI, DENNIS, , ,

C.

Mailing Address 246 SPRINGLINE DRIVE

City
NAPLESState
FLZip Code
34102-5053FEC ID number of contributing
federal political committee.

C

Name of Employer
DRE INC.Occupation
DEVELOPER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	2	5

Transaction ID : SA11A.215177

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

252.80

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

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

EMILSON, CARL, , ,

A.

Mailing Address 435 S E KRUEGER PKWY

City
STUARTState
FLZip Code
34996-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
IMPORTER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

330.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	5

Transaction ID : SA11A.215179

Amount of Each Receipt this Period

3.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

THORSEN, CARLYLE, , ,

B.

Mailing Address 7100 MAPLE AVE

City
TAKOMA PARKState
MDZip Code
20912-4419FEC ID number of contributing
federal political committee.

C

Name of Employer
THORSEN FRENCH ADVOCACYOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

Transaction ID : SA11A.215290

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

503.00

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

9314.19

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

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

FOR LINE NUMBER:
(check only one)

PAGE 29 OF 104

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

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

NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

AMERICA'S CREDIT UNIONS PAC OF CREDIT UNION NATIONAL ASSOCIA

A.

Mailing Address 99 M ST, SE
SUITE 300

City
WASHINGTON

State
DC

Zip Code
20003-3957

FEC ID number of contributing
federal political committee.

C C00007880

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 14 2025

Transaction ID : SA11C.214223

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE

B.

Mailing Address 101 CONSTITUTION AVE., NW
SUITE 700

City
WASHINGTON

State
DC

Zip Code
20001-2133

FEC ID number of contributing
federal political committee.

C C00147066

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1920.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 10 2025

Transaction ID : SA11C.214228

Amount of Each Receipt this Period

1920.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

C.

Mailing Address 1015 15TH STREET NW
SUITE 800

City
WASHINGTON

State
DC

Zip Code
20005-2605

FEC ID number of contributing
federal political committee.

C C00010868

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2025

Transaction ID : SA11C.215471

Amount of Each Receipt this Period

4000.00

☐ Memo Item
CONTRIBUTION

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

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

9420.00

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS COMPANY POLITICAL ACTION COMMITTEE (AXPPAC)

Mailing Address 801 PENNSYLVANIA AVE. NW SUITE 650

City

WASHINGTON

State

DC

Zip Code

20004-2673

FEC ID number of contributing
federal political committee.**C** C00040535

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

Transaction ID : SA11C.214227

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN LAND TITLE ASSOCIATION TITLE INDUSTRY PAC (TIPAC)Mailing Address 1800 M ST, NW
SUITE 300S

City

WASHINGTON

State

DC

Zip Code

20036-5830

FEC ID number of contributing
federal political committee.**C** C00012914

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	2	5

Transaction ID : SA11C.214737

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION POLITICAL AMailing Address 8700 WEST BRYN MAWR
SUITE 1200S

City

CHICAGO

State

IL

Zip Code

60631-3512

FEC ID number of contributing
federal political committee.**C** C00066472

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	2	5

Transaction ID : SA11C.214736

Amount of Each Receipt this Period

2000.00

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

5000.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. AMERICAN RESORT DEVELOPMENT ASSOCIATION RESORT OWNERS COALITMailing Address 1201 15TH STREET NW
SUITE 400City
WASHINGTONState
DCZip Code
20005-2899FEC ID number of contributing
federal political committee.**C** C00358663

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 17 / 2025

Transaction ID : SA11C.214226

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. CITIGROUP INC. POLITICAL ACTION COMMITTEE - FEDERAL (CITIGRO

Mailing Address 1101 PENNSYLVANIA AVENUE NW #1000

City
WASHINGTONState
DCZip Code
20004-2524FEC ID number of contributing
federal political committee.**C** C00008474

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2025

Transaction ID : SA11C.214224

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CME GROUP INC. PAC

Mailing Address 20 SOUTH WACKER DRIVE

City
CHICAGOState
ILZip Code
60606-7431FEC ID number of contributing
federal political committee.**C** C00076299

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 13 / 2025

Transaction ID : SA11C.212632

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

DEFENDING THE AMERICAN DREAM PACMailing Address 2211 E HIGHLAND AVE
STE 210City
PHOENIXState
AZZip Code
85016-4834FEC ID number of contributing
federal political committee.**C** C00822833

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	5

Transaction ID : SA11C.214743

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ENACT HOLDINGS, INC. POLITICAL ACTION COMMITTEE (ENACT PAC)

Mailing Address 325 7TH ST. NW, STE. 550

City
WASHINGTONState
DCZip Code
20004-2833FEC ID number of contributing
federal political committee.**C** C00821744

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

Transaction ID : SA11C.215476

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ERNST & YOUNG POLITICAL ACTION COMMITTEE

Mailing Address 1101 NEW YORK AVENUE, NW

City
WASHINGTONState
DCZip Code
20005-4269FEC ID number of contributing
federal political committee.**C** C00227744

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	2	5

Transaction ID : SA11C.214735

Amount of Each Receipt this Period

2000.00

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

9000.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLI

A.

Mailing Address 20 F STREET, NW SUITE 610

City

WASHINGTON

State

DC

Zip Code

20001-6707

FEC ID number of contributing
federal political committee.

C C00022343

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 28 2025

Transaction ID : SA11C.215122

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE (ICI

B.

Mailing Address 1401 H STREET NW SUITE 1200

City

WASHINGTON

State

DC

Zip Code

20005-2110

FEC ID number of contributing
federal political committee.

C C00105981

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 28 2025

Transaction ID : SA11C.215128

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KPMG PARTNERS/PRINCIPALS AND EMPLOYEES PAC

C.

Mailing Address 1801 K STREET, NW

City

WASHINGTON

State

DC

Zip Code

20006-1301

FEC ID number of contributing
federal political committee.

C C00280222

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 28 2025

Transaction ID : SA11C.215127

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

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

6000.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

LIBERTY MUTUAL INSURANCE COMPANY - PAC

A.

Mailing Address 175 BERKELEY STREET

City
BOSTONState
MAZip Code
02116-5066FEC ID number of contributing
federal political committee.**C** C00171843

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2025

Transaction ID : SA11C.215475

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MORGAN STANLEY POLITICAL ACTION COMMITTEE

B.

Mailing Address 401 9TH STREET NW, SUITE 650

City
WASHINGTONState
DCZip Code
20004-2151FEC ID number of contributing
federal political committee.**C** C00337626

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 28 2025

Transaction ID : SA11C.215118

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MORTGAGE BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (MOR

C.Mailing Address 1919 M STREET, NW
5TH FLOORCity
WASHINGTONState
DCZip Code
20036-3572FEC ID number of contributing
federal political committee.**C** C00004812

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2025

Transaction ID : SA11C.215109

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**A.**

Mailing Address 430 NORTH MICHIGAN AVENUE

City
CHICAGOState
ILZip Code
60611-4011FEC ID number of contributing
federal political committee.**C** C00030718

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 20 / 2025

Transaction ID : SA11C.214229

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC**B.**Mailing Address 3601 VINCENNES ROAD
PO BOX 68700City
INDIANAPOLISState
INZip Code
46268-1154FEC ID number of contributing
federal political committee.**C** C00170258

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 28 / 2025

Transaction ID : SA11C.215124

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMITTEE**C.**Mailing Address 1775 EYE ST. NW
SUITE 1100City
WASHINGTONState
DCZip Code
20006-2424FEC ID number of contributing
federal political committee.**C** C00130773

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 21 / 2025

Transaction ID : SA11C.214734

Amount of Each Receipt this Period

2000.00

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

6000.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

NATIONAL MULTIFAMILY HOUSING COUNCIL POLITICAL ACTION COMMIT**A.**Mailing Address 1775 EYE ST. NW
SUITE 1100City
WASHINGTONState
DCZip Code
20006-2424FEC ID number of contributing
federal political committee.**C** C00130773

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		31		2025

Transaction ID : SA11C.215473

Amount of Each Receipt this Period

3000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NATIONAL ROOFING CONTRACTORS ASSOCIATION ROOF PAC**B.**

Mailing Address 324 FOURTH STREET NE

City
WASHINGTONState
DCZip Code
20002-5824FEC ID number of contributing
federal political committee.**C** C00244863

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		28		2025

Transaction ID : SA11C.215125

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NEW YORK LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**C.**Mailing Address 51 MADISON AVENUE
ROOM 1109City
NEW YORKState
NYZip Code
10010-1603FEC ID number of contributing
federal political committee.**C** C00158881

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		31		2025

Transaction ID : SA11C.215472

Amount of Each Receipt this Period

2000.00

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

6000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE IMailing Address 600 13TH STREET, NW
SUITE 1000City
WASHINGTONState
DCZip Code
20005-3014FEC ID number of contributing
federal political committee.**C** C00107235

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	5

Transaction ID : SA11C.215117

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

REGIONS FINANCIAL CORPORATION POLITICAL ACTION COMMITTEEMailing Address 1015 15TH STREET NW
SUITE 920City
WASHINGTONState
DCZip Code
20005-2623FEC ID number of contributing
federal political committee.**C** C00432252

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	5

Transaction ID : SA11C.214225

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROCK HOLDINGS INC. PACMailing Address 101 S. WASHINGTON SQ.
SUITE 300City
LANSINGState
MIZip Code
48933-1732FEC ID number of contributing
federal political committee.**C** C00388827

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	5

Transaction ID : SA11C.215123

Amount of Each Receipt this Period

2000.00

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

6000.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

T-MOBILE US, INC. POLITICAL ACTION COMMITTEE (T-PAC)Mailing Address 601 PENNSYLVANIA AVENUE NW
SUITE 800 NORTH BLDG.City
WASHINGTONState
DCZip Code
20004-2710FEC ID number of contributing
federal political committee.**C** C00361758

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
03		31		2025

Transaction ID : SA11C.215474

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION CMailing Address 701 PENNSYLVANIA AVENUE, NW
SUITE 750City
WASHINGTONState
DCZip Code
20004-2661FEC ID number of contributing
federal political committee.**C** C00039578

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
03		21		2025

Transaction ID : SA11C.214733

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE NATIONAL RURAL ELECTRIC COOPERATIVE ASSOCIATION ACTION C

Mailing Address 4301 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22203-4419FEC ID number of contributing
federal political committee.**C** C00002972

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y
03		28		2025

Transaction ID : SA11C.215126

Amount of Each Receipt this Period

1000.00

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

4000.00

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

UBS AMERICAS INC. POLITICAL ACTION COMMITTEE (UBS PAC)

Mailing Address 600 WASHINGTON BOULEVARD

C/O PER DYRVIK

City

STAMFORD

State

CT

Zip Code

06901-3726

FEC ID number of contributing
federal political committee.

C C00012245

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2025

Transaction ID : SA11C.215477

Amount of Each Receipt this Period

5000.00



Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WELLS FARGO AND COMPANY EMPLOYEES GOOD GOVERNMENT FEDERAL FU

Mailing Address 600 S 4TH STREET, 11TH FLOOR

MAC N9300-110

City

MINNEAPOLIS

State

MN

Zip Code

55415-1526

FEC ID number of contributing
federal political committee.

C C00300178

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2025

Transaction ID : SA11C.215478

Amount of Each Receipt this Period

2000.00



Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

WHOLESALE & SPECIALTY INSURANCE ASSOCIATION (WSIA) PAC

Mailing Address 1500 K ST NW

SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20005-1233

FEC ID number of contributing
federal political committee.

C C00417634

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2025

Transaction ID : SA11C.214738

Amount of Each Receipt this Period

5000.00



Memo Item

CONTRIBUTION

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

12000.00

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

75920.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 40 OF 104

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

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

SALAZAR, MARIA, ELVIRA, ,

A. Mailing Address PO BOX 431332

City
MIAMI

State
FL

Zip Code
33243-8033

FEC ID number of contributing
federal political committee.

C C00714261

Name of Employer
US HOUSE

Occupation
MEMBER OF CONGRESS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2492.77

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 21 2025

Transaction ID : SA11D.26385

Amount of Each Receipt this Period

2492.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

2492.77

2492.77

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

PAGE 41 OF 104

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

EMMER MAJORITY BUILDERS**A.**

Mailing Address 824 S. MILLEDGE AVE. STE. 101

City

ATHENS

State

GA

Zip Code

30605-1369

FEC ID number of contributing
federal political committee.**C** C00859058

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

133665.36

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	18	/	2025

Transaction ID : SA12.210838

Amount of Each Receipt this Period

1851.27

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B.

Full Name (Last, First, Middle Initial)

AMES, RAYMOND, G., MR.,

Mailing Address 2321 WILDWOOD COURT

City

BURNSVILLE

State

MN

Zip Code

55306-5393

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

Name of Employer

AMES CONSTRUCTION

Occupation

CONTRACTOR

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

3448.57

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	06	/	2024

Transaction ID : SA12.210840

Amount of Each Receipt this Period

95.79

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

C.

Full Name (Last, First, Middle Initial)

HEGYI, ALBERT, , ,

Mailing Address 100 PARK AVENUE 16TH FLOOR

City

NEW YORK

State

NY

Zip Code

10017-5538

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

Name of Employer

1ST FINANCIAL BANK USA

Occupation

BANKER

Receipt For: 2024

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	12	/	2024

Transaction ID : SA12.210854

Amount of Each Receipt this Period

- 825.00

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

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

1851.27

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

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

PAGE 42 OF 104

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

HUBBARD, STANLEY, S., MR.,

Mailing Address 2289 RIVER RD S

City

LAKELAND

State

MN

Zip Code

55043-9775

FEC ID number of contributing
federal political committee.

C

Name of Employer

HUBBARD BROADCASTING, INC.

Occupation

CEO

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

1213.09

Date of Receipt

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

Transaction ID : SA12.210843

Amount of Each Receipt this Period

1041.66

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

Full Name (Last, First, Middle Initial)

KELSEY, JOHN, DAVID, ,

Mailing Address 74 SILL LANE

City

OLD LYME

State

CT

Zip Code

06371-1134

FEC ID number of contributing
federal political committee.

C

Name of Employer

HAMILTON POINT INVESTMENTS

Occupation

INVESTMENT MANAGER

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5668.13

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	2	4

Transaction ID : SA12.210839

Amount of Each Receipt this Period

663.13

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

Full Name (Last, First, Middle Initial)

KOCH, BARBARA, G., ,

Mailing Address 505 HIGHWAY 169 N
STE 595

City

PLYMOUTH

State

MN

Zip Code

55441-6447

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

540.54

Date of Receipt

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

Transaction ID : SA12.210848

Amount of Each Receipt this Period

540.54

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

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

0.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

LAKONISHOK, JOSEF, , DR.,

A.

Mailing Address 1853 N HOWE ST

City

CHICAGO

State

IL

Zip Code

60614-5125

FEC ID number of contributing
federal political committee.

C

Name of Employer

LSV ASSET MANAGEMENT

Occupation

CEO, CIO & FOUNDING PARTNER

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

3300.00

Date of Receipt

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

Transaction ID : SA12.210851

Amount of Each Receipt this Period

3300.00

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

B.

Full Name (Last, First, Middle Initial)

SABATER, JUAN, ,

Mailing Address 815 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10021-3276

FEC ID number of contributing
federal political committee.

C

Name of Employer

VALOR EQUITY PARTNERS

Occupation

FINANCE

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

451.35

Date of Receipt

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

Transaction ID : SA12.210845

Amount of Each Receipt this Period

451.35

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

C.

Full Name (Last, First, Middle Initial)

SHELDON, CHRISTOPHER, A., MR.,

Mailing Address 1 SKYVIEW ROAD

City

ROSS

State

CA

Zip Code

94957-9679

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED PER BEST EFF

Occupation

INFORMATION REQUESTED PER BEST EFF

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

960.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	5	/	2	0	2	4

Transaction ID : SA12.210853

Amount of Each Receipt this Period

960.61

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

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

0.00

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

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

PAGE 44 OF 104

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

STANARD, JAMES, N., ,

A.

Mailing Address 570 SOUTH SPOONBILL DRIVE

City

SARASOTA

State

FL

Zip Code

34236-1820

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

1429.74

Date of Receipt

M M / D D / Y Y Y Y Y
09 09 2024D D / Y Y Y Y Y
09 2024Y Y Y Y Y
2024

Transaction ID : SA12.210841

Amount of Each Receipt this Period

40.85

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

B.

Full Name (Last, First, Middle Initial)

THOMA, CARL, D., ,

Mailing Address 875 N MICHIGAN AVE
STE. 1310

City

CHICAGO

State

IL

Zip Code

60611-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer

THOMA BRAVO

Occupation

MANAGING PARTNER

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 08 2024D D / Y Y Y Y Y
08 2024Y Y Y Y Y
2024

Transaction ID : SA12.210855

Amount of Each Receipt this Period

- 3300.00

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

C.

Full Name (Last, First, Middle Initial)

WEISS, RICHARD, , ,

Mailing Address 664 OSCEOLA, #303
#303

City

WINTER PARK

State

FL

Zip Code

32789-4469

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

540.54

Date of Receipt

M M / D D / Y Y Y Y Y
10 28 2024D D / Y Y Y Y Y
28 2024Y Y Y Y Y
2024

Transaction ID : SA12.210850

Amount of Each Receipt this Period

540.54

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

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

0.00

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

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

PAGE 45 OF 104

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

WILSON, RYAN, , MR.,

Mailing Address 17118 64TH AVE. N

City

MAPLE GROVE

State

MN

Zip Code

55311-4600

FEC ID number of contributing
federal political committee.

C

Name of Employer

CROSSCASTLE PLLC

Occupation

ATTORNEY

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

451.35

Date of Receipt

M M / D D / Y Y Y Y Y
10 21 2024

Transaction ID : SA12.210846

Amount of Each Receipt this Period

451.35

☒ Memo Item

TRANSFER

JFC ATTRIB: EMMER MAJORITY BUILDERS

Full Name (Last, First, Middle Initial)

GROW THE MAJORITY

Mailing Address 228 S WASHINGTON ST STE 115

City

ALEXANDRIA

State

VA

Zip Code

22314-5404

FEC ID number of contributing
federal political committee.

C

C00858373

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

207932.42

Date of Receipt

M M / D D / Y Y Y Y Y
01 17 2025

Transaction ID : SA12.208840

Amount of Each Receipt this Period

793.70

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

Full Name (Last, First, Middle Initial)

FALIC, SIMON, , ,

Mailing Address 6100 HOLLYWOOD BOULEVARD
7TH FLOOR

City

PEMBROKE PINES

State

FL

Zip Code

33024-7900

FEC ID number of contributing
federal political committee.

C

Name of Employer

DUTY-FREE AMERICA

Occupation

CHAIRMAN

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

6600.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 23 2024

Transaction ID : SA12.208843

Amount of Each Receipt this Period

1600.00

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

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

793.70

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

PAGE 46 OF 104

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

FOSTER, PAUL, L., ,

A.Mailing Address 123 WEST MILLS AVENUE
SUITE 600City
EL PASOState
TXZip Code
79901-1577FEC ID number of contributing
federal political committee.

C

Name of Employer
FRANKLIN MOUNTAIN MANAGEMENTOccupation
PRESIDENT

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3300.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 17 2024

Transaction ID : SA12.208844

Amount of Each Receipt this Period

3300.00

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

Full Name (Last, First, Middle Initial)

FRANCE, JAMES, C., ,

B.

Mailing Address PO BOX 2875

City
DAYTONA BEACHState
FLZip Code
32120-2875FEC ID number of contributing
federal political committee.

C

Name of Employer
NASCAROccupation
CHAIRMAN & CEO

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 22 2024

Transaction ID : SA12.208842

Amount of Each Receipt this Period

1000.00

☒ Memo Item

TRANSFER

JFC ATTRIB: GROW THE MAJORITY

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

0.00

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

2644.97

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

PAGE 47 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. SALAZAR, MARIA, ELVIRA, ,

Mailing Address PO BOX 431332

City
MIAMIState
FLZip Code
33243-8033Purpose of Disbursement
REIMBURSEMENT

001

Candidate Name
SALAZAR, MARIA, ELVIRA, ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	3	/	2	0	2	5

FEC Identification Number

C C00714261

Amount of Each Disbursement this Period

127.67

Transaction ID : SB17.I26230

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO BOX 6463

City
CAROL STREAMState
ILZip Code
60197-6463Purpose of Disbursement
PHONE SVC

001

Candidate Name

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

127.67

Transaction ID : SB17.I26231

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. SALAZAR, MARIA, ELVIRA, ,

Mailing Address PO BOX 431332

City
MIAMIState
FLZip Code
33243-8033Purpose of Disbursement
REIMBURSEMENT

002

Candidate Name
SALAZAR, MARIA, ELVIRA, ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	2	5

FEC Identification Number

C C00714261

Amount of Each Disbursement this Period

429.00

Transaction ID : SB17.I26252

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

556.67

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

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

PAGE 48 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. JETBLUE AIRWAYS

Mailing Address 27-01 QUEENS PLAZA NORTH

City
LONG ISLAND CITYState
NYZip Code
11101Purpose of Disbursement
AIRFARE

002

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

429.00

Transaction ID : SB17.I26253

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. SALAZAR, MARIA, ELVIRA, ,

Mailing Address PO BOX 431332

City
MIAMIState
FLZip Code
33243-8033Purpose of Disbursement
REIMBURSEMENT

001

Candidate Name

SALAZAR, MARIA, ELVIRA, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: FL

District: 27

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		28		2025

FEC Identification Number

C C00714261

Amount of Each Disbursement this Period

104.57

Transaction ID : SB17.I26356

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AT&T

Mailing Address PO BOX 6463

City
CAROL STREAMState
ILZip Code
60197-6463Purpose of Disbursement
PHONE SVC

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

104.57

Transaction ID : SB17.I26357

☒ Memo Item

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

104.57

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

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

PAGE 49 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. SALAZAR, MARIA, ELVIRA, ,

Mailing Address PO BOX 431332

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	5

City
MIAMIState
FLZip Code
33243-8033

FEC Identification Number

C C00714261Purpose of Disbursement
REIMBURSEMENT

001

Amount of Each Disbursement this Period

104.57

Transaction ID : SB17.I26375

☐ Memo ItemCandidate Name
SALAZAR, MARIA, ELVIRA, ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 27

Full Name (Last, First, Middle Initial)

B. AT&T

Mailing Address PO BOX 6463

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	2	5

City
CAROL STREAMState
ILZip Code
60197-6463

FEC Identification Number

CPurpose of Disbursement
PHONE SVC

001

Amount of Each Disbursement this Period

104.57

Transaction ID : SB17.I26376

☒ Memo Item

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. GARCIA, ANDRES, , ,

Mailing Address 3201 SOUTHWEST 64TH TERRACE

Date of Disbursement

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

City
MIRAMARState
FLZip Code
33023

FEC Identification Number

CPurpose of Disbursement
DIGITAL COMMUNICATIONS CONSULTING

001

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I26058

☐ Memo Item

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

1604.57

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

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

PAGE 50 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. GARCIA, ANDRES, , ,

Mailing Address 3201 SOUTHWEST 64TH TERRACE

City
MIRAMARState
FLZip Code
33023Purpose of Disbursement
DIGITAL COMMUNICATIONS CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	7	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I26071

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GARCIA, ANDRES, , ,

Mailing Address 3201 SOUTHWEST 64TH TERRACE

City
MIRAMARState
FLZip Code
33023Purpose of Disbursement
DIGITAL COMMUNICATIONS CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I26241

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GARCIA, ANDRES, , ,

Mailing Address 3201 SOUTHWEST 64TH TERRACE

City
MIRAMARState
FLZip Code
33023Purpose of Disbursement
DIGITAL COMMUNICATIONS CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I26355

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

4000.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 650448

City
DALLASState
TXZip Code
75265Purpose of Disbursement
CREDIT CARD PAYMENT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

7132.78

Transaction ID : SB17.I26065

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155-2603Purpose of Disbursement
INTERNET SERVICES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	5	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

49.95

Transaction ID : SB17.I26268

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 400 NORTH CAPITOL STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

419.00

Transaction ID : SB17.I26265

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

7132.78

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address 400 NORTH CAPITOL STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

43.00

Transaction ID : SB17.I26266

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMTRAK

Mailing Address 400 NORTH CAPITOL STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

143.00

Transaction ID : SB17.I26267

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 400 NORTH CAPITOL STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

384.00

Transaction ID : SB17.I26280

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

0.00

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

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

PAGE 53 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO BOX 6463

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		22		2024

City
CAROL STREAMState
ILZip Code
60197-6463

FEC Identification Number

C

Purpose of Disbursement
PHONE SERVICES

001

Amount of Each Disbursement this Period

300.80

Transaction ID : SB17.I26291

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. BACHOUR

Mailing Address 2020 SALZEDO STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		24		2024

City
CORAL GABLESState
FLZip Code
33134

FEC Identification Number

C

Purpose of Disbursement
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

219.00

Transaction ID : SB17.I26339

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET SOUTHEAST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		15		2024

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

61.80

Transaction ID : SB17.I26269

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 54 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. CARBONE

Mailing Address 181 THOMPSON STREET

City
NEW YORKState
NYZip Code
10012Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

699.82

Transaction ID : SB17.I26273

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. FACEBOOK

Mailing Address 1601 WILLOW ROAD

City
MENLO PARKState
CAZip Code
94025Purpose of Disbursement
ADVERTISING & MARKETING

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

265.30

Transaction ID : SB17.I26328

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. GEICO

Mailing Address 1 GEICO BOULEVARD

City
FREDERICKSBURGState
VAZip Code
22406Purpose of Disbursement
INSURANCE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		2	8		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

282.29

Transaction ID : SB17.I26298

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

0.00

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

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

PAGE 55 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
SUBSCRIPTION

001

Amount of Each Disbursement this Period

13.25

Transaction ID : SB17.I26301

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
ADVERTISING & MARKETING

004

Amount of Each Disbursement this Period

129.60

Transaction ID : SB17.I26302

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

209.47

Transaction ID : SB17.I26260

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 56 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

City
SAN FRANCISCOState
CAZip Code
94107-5705Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

29.72

Transaction ID : SB17.I26261

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

City
SAN FRANCISCOState
CAZip Code
94107-5705Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

0.66

Transaction ID : SB17.I26262

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

City
SAN FRANCISCOState
CAZip Code
94107-5705Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.46

Transaction ID : SB17.I26263

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

0.00

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

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

PAGE 57 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

City
SAN FRANCISCOState
CAZip Code
94107-5705Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

29.67

Transaction ID : SB17.I26264

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

City
SAN FRANCISCOState
CAZip Code
94107-5705Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

15.66

Transaction ID : SB17.I26271

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

City
SAN FRANCISCOState
CAZip Code
94107-5705Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

42.39

Transaction ID : SB17.I26272

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

0.00

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

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

PAGE 58 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	D D	Y Y Y Y
11	16	2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

30.40

Transaction ID : SB17.I26275

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	D D	Y Y Y Y
11	16	2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

17.66

Transaction ID : SB17.I26276

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	D D	Y Y Y Y
11	16	2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

0.58

Transaction ID : SB17.I26277

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 59 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		17		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

33.71

Transaction ID : SB17.I26279

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		27		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

36.55

Transaction ID : SB17.I26295

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

55.96

Transaction ID : SB17.I26305

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 60 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

11.79

Transaction ID : SB17.I26306

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		03		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

36.91

Transaction ID : SB17.I26307

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

27.35

Transaction ID : SB17.I26308

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 61 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

7.03

Transaction ID : SB17.I26309

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

4.55

Transaction ID : SB17.I26310

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		04		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

42.99

Transaction ID : SB17.I26311

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 62 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

0.54

Transaction ID : SB17.I26312

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		06		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

39.99

Transaction ID : SB17.I26315

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		10		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

23.32

Transaction ID : SB17.I26316

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 63 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

3.19

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Transaction ID : SB17.I26317

☒ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. MAILCHIMP

Mailing Address 405 NORTH ANGIER AVENUE NORTHEAST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		21		2024

City
ATLANTAState
GAZip Code
30308

FEC Identification Number

C

Purpose of Disbursement
EMAIL SERVICES

004

Amount of Each Disbursement this Period

220.00

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Transaction ID : SB17.I26329

☒ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. MIAMI HERALD MEDIA COMPANY

Mailing Address PO BOX 3028

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		28		2024

City
LIVONIAState
MIZip Code
48151

FEC Identification Number

C

Purpose of Disbursement
ADVERTISING & MARKETING

004

Amount of Each Disbursement this Period

276.37

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Transaction ID : SB17.I26299

☒ Memo Item

State:

District:

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

0.00

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

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

PAGE 64 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. MILANEZZA KITCHEN

Mailing Address 700 CRANDON BOULEVARD

City
KEY BISCAINEState
FLZip Code
33149Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	3	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

126.42

Transaction ID : SB17.I26303

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. NINE ORCHARD

Mailing Address 9 ORCHARD STREET

City
NEW YORKState
NYZip Code
10002Purpose of Disbursement
LODGING: HOTEL

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

778.07

Transaction ID : SB17.I26283

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. NOBLEDEN HOTEL

Mailing Address 196 GRAND STREET

City
NEW YORKState
NYZip Code
10013Purpose of Disbursement
TRAVEL: LODGING

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	7	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

461.07

Transaction ID : SB17.I26282

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

0.00

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

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

PAGE 65 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. UBERMailing Address 1455 MARKET STREET
SUITE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

106.00

Transaction ID : SB17.I26278

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UBERMailing Address 1455 MARKET STREET
SUITE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

39.14

Transaction ID : SB17.I26324

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UBERMailing Address 1455 MARKET STREET
SUITE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

33.24

Transaction ID : SB17.I26325

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

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. UBERMailing Address 1455 MARKET STREET
SUITE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

13.99

Transaction ID : SB17.I26336

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address PO BOX 650448

City
DALLASState
TXZip Code
75265Purpose of Disbursement
CREDIT CARD PAYMENT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5333.33

Transaction ID : SB17.I26243

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4255 AMON CARTER BLVD

City
FORT WORTHState
TXZip Code
76155-2603Purpose of Disbursement
AIRFARE

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

555.30

Transaction ID : SB17.I26412

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

5333.33

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

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

PAGE 67 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO BOX 6463

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2024

City
CAROL STREAMState
ILZip Code
60197-6463

FEC Identification Number

C

Purpose of Disbursement
PHONE SERVICES

001

Amount of Each Disbursement this Period

300.80

Transaction ID : SB17.I26402

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET SOUTHEAST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2024

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

87.04

Transaction ID : SB17.I26392

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. GEICO

Mailing Address 1 GEICO BOULEVARD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		28		2024

City
FREDERICKSBURGState
VAZip Code
22406

FEC Identification Number

C

Purpose of Disbursement
INSURANCE

001

Amount of Each Disbursement this Period

287.42

Transaction ID : SB17.I26408

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
SUBSCRIPTION

001

Amount of Each Disbursement this Period

13.25

Transaction ID : SB17.I26420

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
SUBSCRIPTION

001

Amount of Each Disbursement this Period

129.60

Transaction ID : SB17.I26421

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. KAZUMI MODERN JAPANESE

Mailing Address 260 CRANDON BOULEVARD

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	8		2	0	2	4

City
KEY BISCAYNEState
FLZip Code
33149

FEC Identification Number

C

Purpose of Disbursement
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

314.88

Transaction ID : SB17.I26409

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 69 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

39.38

Transaction ID : SB17.I26391

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

6.31

Transaction ID : SB17.I26393

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		13		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

42.04

Transaction ID : SB17.I26395

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

PAGE 70 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		14		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.91

Transaction ID : SB17.I26396

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

9.18

Transaction ID : SB17.I26414

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

61.17

Transaction ID : SB17.I26415

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

34.56

Transaction ID : SB17.I26416

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

164.17

Transaction ID : SB17.I26417

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

8.63

Transaction ID : SB17.I26418

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		31		2024

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

49.50

Transaction ID : SB17.I26419

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2025

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.I26428

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		10		2025

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Amount of Each Disbursement this Period

204.33

Transaction ID : SB17.I26429

☒ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. MARRIOTT INTERNATIONAL

Mailing Address 10400 FERNWOOD ROAD

City
BETHESDAState
MDZip Code
20817Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

74.57

Transaction ID : SB17.I26423

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT INTERNATIONAL

Mailing Address 10400 FERNWOOD ROAD

City
BETHESDAState
MDZip Code
20817Purpose of Disbursement
TRAVEL: LODGING

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

478.73

Transaction ID : SB17.I26424

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. MILANEZZA KITCHEN

Mailing Address 700 CRANDON BOULEVARD

City
KEY BISCAYNEState
FLZip Code
33149Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	3	/	2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

108.89

Transaction ID : SB17.I26435

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

0.00

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

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

PAGE 74 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. THE CONGRESSIONAL INSTITUTEMailing Address 1700 DIAGONAL ROAD
#300City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
CONFERENCE FEE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1439.84

Transaction ID : SB17.I26427

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City
CHICAGOState
ILZip Code
60606Purpose of Disbursement
TRAVEL: AIRFARE

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

1078.30

Transaction ID : SB17.I26413

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address 233 SOUTH WACKER DRIVE

City
CHICAGOState
ILZip Code
60606Purpose of Disbursement
TRAVEL: AIRFARE

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

- 1078.30

Transaction ID : SB17.I26438

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

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO BOX 650448

City
DALLASState
TXZip Code
75265Purpose of Disbursement
CREDIT CARD PAYMENT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3488.70

Transaction ID : SB17.I26368

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMTRAK

Mailing Address 400 NORTH CAPITOL STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1135.00

Transaction ID : SB17.I26456

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMTRAK

Mailing Address 400 NORTH CAPITOL STREET NORTHWEST

City
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

- 160.00

Transaction ID : SB17.I26468

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

3488.70

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. AT&T

Mailing Address PO BOX 6463

City
CAROL STREAMState
ILZip Code
60197-6463Purpose of Disbursement
PHONE SERVICES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

300.80

Transaction ID : SB17.I26448

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 FIRST STREET SOUTHEAST

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

277.84

Transaction ID : SB17.I26444

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. COSTA MED BISTRO WINE

Mailing Address 46 CRANDON BOULEVARD

City
KEY BISCAYNEState
FLZip Code
33149Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

201.72

Transaction ID : SB17.I26451

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

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. DESCORCHE RESTAURANT

Mailing Address 1673 SOUTHWEST 27TH AVENUE

City
MIAMIState
FLZip Code
33145Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

212.80

Transaction ID : SB17.I26454

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. GEICO

Mailing Address 1 GEICO BOULEVARD

City
FREDERICKSBURGState
VAZip Code
22406Purpose of Disbursement
INSURANCE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

287.42

Transaction ID : SB17.I26450

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

129.60

Transaction ID : SB17.I26452

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

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

13.33

Transaction ID : SB17.I26453

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

City
SAN FRANCISCOState
CAZip Code
94107-5705Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

182.52

Transaction ID : SB17.I26441

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

City
SAN FRANCISCOState
CAZip Code
94107-5705Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

0.54

Transaction ID : SB17.I26442

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

0.00

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

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

PAGE 79 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

103.68

Transaction ID : SB17.I26445

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.59

Transaction ID : SB17.I26446

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. LYFT

Mailing Address 185 BERRY ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94107-5705

FEC Identification Number

C

Purpose of Disbursement
GROUND TRANSPORTATION

002

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

44.72

Transaction ID : SB17.I26449

☒ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

0.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. MILANEZZA KITCHEN

Mailing Address 700 CRANDON BOULEVARD

City
KEY BISCAIYNEState
FLZip Code
33149Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

23.61

Transaction ID : SB17.I26466

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

21.66

Transaction ID : SB17.I26067

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

14.45

Transaction ID : SB17.I26073

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

36.11

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

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

PAGE 81 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

32.00

Transaction ID : SB17.I26195

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

36.49

Transaction ID : SB17.I26235

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.00

Transaction ID : SB17.I26247

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

108.49

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

17.60

Transaction ID : SB17.I26255

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.I26341

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

14.66

Transaction ID : SB17.I26350

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

52.26

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

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

PAGE 83 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

16.83

Transaction ID : SB17.I26366

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : SB17.I26370

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB17.I26379

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

40.83

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. BETTER MOUSETRAP DIGITALMailing Address 6501 RED HOOK ROAD
SUITE 201, PMB 927City
ST. THOMASState
VIZip Code
00802Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

28.00

Transaction ID : SB17.I26473

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I26077

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I26345

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

1828.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1593 SPRING HILL RD
SUITE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.I26382

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE CONNECTOR

Mailing Address 513 C STREET NORTHEAST

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4.50

Transaction ID : SB17.I26194

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE CONNECTOR

Mailing Address 513 C STREET NORTHEAST

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

43.00

Transaction ID : SB17.I26234

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

947.50

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

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

PAGE 86 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE CONNECTOR

Mailing Address 513 C STREET NORTHEAST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		03		2025

City
WASHINGTONState
DCZip Code
20002

FEC Identification Number

C

Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.90

Transaction ID : SB17.I26246

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE CONNECTOR

Mailing Address 513 C STREET NORTHEAST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		24		2025

City
WASHINGTONState
DCZip Code
20002

FEC Identification Number

C

Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.50

Transaction ID : SB17.I26349

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE CONNECTOR

Mailing Address 513 C STREET NORTHEAST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2025

City
WASHINGTONState
DCZip Code
20002

FEC Identification Number

C

Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.90

Transaction ID : SB17.I26365

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

73.30

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

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

PAGE 87 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. CONSERVATIVE CONNECTOR

Mailing Address 513 C STREET NORTHEAST

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.50

Transaction ID : SB17.I26378

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CONSERVATIVE CONNECTOR

Mailing Address 513 C STREET NORTHEAST

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

43.00

Transaction ID : SB17.I26387

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONSERVATIVE CONNECTOR

Mailing Address 513 C STREET NORTHEAST

City
WASHINGTONState
DCZip Code
20002Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.90

Transaction ID : SB17.I26472

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

60.40

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

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

PAGE 88 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. DICKINSON WRIGHT PLLCMailing Address 2600 WEST BIG BEAVER ROAD
STE. 300City
TROYState
MIZip Code
48084Purpose of Disbursement
LEGAL CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

210.00

Transaction ID : SB17.I26054

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. DICKINSON WRIGHT PLLCMailing Address 2600 WEST BIG BEAVER ROAD
STE. 300City
TROYState
MIZip Code
48084Purpose of Disbursement
LEGAL CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

228.00

Transaction ID : SB17.I26483

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. EAGLE EYE COMMUNICATIONS LLC

Mailing Address 8216 DOCTOR CRAIK COURT

City
ALEXANDRIAState
VAZip Code
22306Purpose of Disbursement
MEDIA BOOKING SERVICE

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

7000.00

Transaction ID : SB17.I26228

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

7438.00

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

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

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. H&H PUBLISHERS CORP.Mailing Address 5319 HEMINGWAY LANE WEST
APT. 907City
NAPLESState
FLZip Code
34116Purpose of Disbursement
COMMUNICATION/TRANSLATION CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB17.I26057

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. H&H PUBLISHERS CORP.Mailing Address 5319 HEMINGWAY LANE WEST
APT. 907City
NAPLESState
FLZip Code
34116Purpose of Disbursement
COMMUNICATION/TRANSLATION CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I26062

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. H&H PUBLISHERS CORP.Mailing Address 5319 HEMINGWAY LANE WEST
APT. 907City
NAPLESState
FLZip Code
34116Purpose of Disbursement
COMMUNICATION/TRANSLATION CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4500.00

Transaction ID : SB17.I26251

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

7000.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. INSPIRE CAPITAL FLMailing Address 591 EVERNIA STREET
APT. 1519City
WEST PALM BEACHState
FLZip Code
33401Purpose of Disbursement
FINANCE CONSULTING

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

15024.80

Transaction ID : SB17.I26358

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NABUT PROFESSIONAL SERVICES LLC

Mailing Address 3217 SOUTHEAST 4TH COURT

City
HOMESTEADState
FLZip Code
33033Purpose of Disbursement
COMMUNICATIONS CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

750.00

Transaction ID : SB17.I26484

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLYMPIC MEDIAMailing Address 2402 POTOMAC AVENUE
#102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

216.75

Transaction ID : SB17.I26074

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

15991.55

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

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

PAGE 91 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. OLYMPIC MEDIAMailing Address 2402 POTOMAC AVENUE
#102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

114.75

Transaction ID : SB17.I26256

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. OLYMPIC MEDIAMailing Address 2402 POTOMAC AVENUE
#102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

93.50

Transaction ID : SB17.I26371

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. OLYMPIC MEDIAMailing Address 2402 POTOMAC AVENUE
#102City
ALEXANDRIAState
VAZip Code
22301Purpose of Disbursement
LIST RENTAL

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.75

Transaction ID : SB17.I26380

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

221.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		02		2025

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.I26055

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2025

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

54.81

Transaction ID : SB17.I26070

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		13		2025

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

001

Amount of Each Disbursement this Period

30.10

Transaction ID : SB17.I26076

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

2084.91

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

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

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

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

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

14.99

Transaction ID : SB17.I26196

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

12.24

Transaction ID : SB17.I26237

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	5

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

57.65

Transaction ID : SB17.I26249

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

84.88

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

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

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

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

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

27.30

Transaction ID : SB17.I26259

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	2	5

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

1.22

Transaction ID : SB17.I26342

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	2	5

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

001

Amount of Each Disbursement this Period

12.76

Transaction ID : SB17.I26352

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

41.28

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

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

PAGE 95 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2025

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.I26354

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2025

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

15.45

Transaction ID : SB17.I26367

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2025

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

60.85

Transaction ID : SB17.I26374

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

2076.30

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

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

PAGE 96 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

8.62

Transaction ID : SB17.I26381

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

10.12

Transaction ID : SB17.I26389

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ONMESSAGE DIGITAL FUNDRAISING

Mailing Address 817 SLATERS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2025

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
DIGITAL FUNDRAISING CONSULTING

003

Amount of Each Disbursement this Period

17.25

Transaction ID : SB17.I26474

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

35.99

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

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

PAGE 97 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. STRATEGIC VICTORY SOLUTIONS LLCMailing Address 1305 WEST 11TH STREET
#213City
HOUSTONState
TXZip Code
77008Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	3	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I26063

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. STRATEGIC VICTORY SOLUTIONS LLCMailing Address 1305 WEST 11TH STREET
#213City
HOUSTONState
TXZip Code
77008Purpose of Disbursement
COMPLIANCE CONSULTING/FILING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2538.94

Transaction ID : SB17.I26244

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. STRATEGIC VICTORY SOLUTIONS LLCMailing Address 1305 WEST 11TH STREET
#213City
HOUSTONState
TXZip Code
77008Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I26360

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

7538.94

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

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

PAGE 98 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. THE STANTON GROUP, LLC

Mailing Address 3410 ALABAMA AVENUE

City
ALEXANDRIAState
VAZip Code
22305Purpose of Disbursement
FINANCE CONSULTING

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

6039.00

Transaction ID : SB17.I26053

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. V V ACCOUNTING SERVICES, INC.

Mailing Address 13209 SOUTHWEST 10TH LANE

City
MIAMIState
FLZip Code
33184Purpose of Disbursement
ACCOUNTING SERVICES CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I26056

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. V V ACCOUNTING SERVICES, INC.

Mailing Address 13209 SOUTHWEST 10TH LANE

City
MIAMIState
FLZip Code
33184Purpose of Disbursement
ACCOUNTING SERVICES CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I26242

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

16039.00

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

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

PAGE 99 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. V V ACCOUNTING SERVICES, INC.

Mailing Address 13209 SOUTHWEST 10TH LANE

City
MIAMIState
FLZip Code
33184Purpose of Disbursement
ACCOUNTING SERVICES CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : SB17.I26359

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

29.17

Transaction ID : SB17.I26066

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

23.30

Transaction ID : SB17.I26072

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

5052.47

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

40.21

Transaction ID : SB17.I26193

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

28.00

Transaction ID : SB17.I26233

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

46.99

Transaction ID : SB17.I26245

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

115.20

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

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

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

33.36

Transaction ID : SB17.I26254

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

71.90

Transaction ID : SB17.I26340

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

47.17

Transaction ID : SB17.I26348

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

152.43

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.09

Transaction ID : SB17.I26364

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

85.17

Transaction ID : SB17.I26369

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

27.06

Transaction ID : SB17.I26377

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

137.32

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

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

PAGE 103 OF 104

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Salazar for Congress

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

74.51

Transaction ID : SB17.I26386

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLC

Mailing Address 1776 WILSON BOULEVARD

City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
PROCESSING FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.38

Transaction ID : SB17.I26471

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

93.89

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

89470.67

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

PAGE 104 OF 104

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

NAME OF COMMITTEE (In Full)

Salazar for Congress

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

Raider Fundraising

Nature of Debt (Purpose):

Fundraising Consulting-Disputed Invoice

Mailing Address PO Box 11526

City

Austin

State

TX

Zip Code

78711

Outstanding Balance Beginning This Period

14300.00

Transaction ID : SD10.85

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14300.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

14300.00

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

14300.00

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

0.00

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

14300.00