

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

ETZKORN FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

| | COLUMN A This Period | COLUMN B Election Cycle-to-Date |
|--|---|---|
| 6. Net Contributions (other than loans) | | |
| (a) Total Contributions (other than loans) (from Line 11(e)) | 2656.06 | 2656.06 |
| (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)) | 2656.06 | 2656.06 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 754.84 | 754.84 |
| (b) Total Offsets to Operating Expenditures (from Line 14) | 0.00 | 0.00 |
| (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) | 754.84 | 754.84 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27) | 1901.22 | |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

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

ETZKORN FOR CONGRESS

Report Covering the Period: From: / / To: / /

| 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)..... | 781.88 | 781.88 |
| (ii) Unitemized..... | 874.18 | 874.18 |
| (iii) TOTAL of contributions from individuals ▶ | 1656.06 | 1656.06 |
| (b) Political Party Committees..... | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) The Candidate..... | 1000.00 | 1000.00 |
| (e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. | 2656.06 | 2656.06 |
| 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES | 0.00 | 0.00 |
| 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.) | 0.00 | 0.00 |
| 15. OTHER RECEIPTS (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶ | 2656.06 | 2656.06 |

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..... | 754.84 | 754.84 |
| 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) ▶ | 754.84 | 754.84 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 0.00 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 2656.06 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 2656.06 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 754.84 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1901.22 |

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 9
(check only one)
 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)
ETZKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Etzkorn, Lanette, , ,

Mailing Address 1909 NE 92nd Ave

City Vancouver State WA Zip Code 98664

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 24 / 2026

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Smith, Minnie, , ,

Mailing Address 2700 NW 140th St

City Vancouver State WA Zip Code 98685

FEC ID number of contributing federal political committee.

Name of Employer retired Occupation retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 02 / 2026

Transaction ID : SA11AI.4121

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

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).....▶ | <input type="text" value="781.88"/> |
| TOTAL This Period (last page this line number only).....▶ | <input type="text" value="781.88"/> |

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 9 | | |
| <input type="checkbox"/> 11a 12 | <input type="checkbox"/> 11b 13a | <input type="checkbox"/> 11c 13b | <input checked="" type="checkbox"/> 11d 14 | <input type="checkbox"/> 15 |

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NAME OF COMMITTEE (In Full)
ETZKORN FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ETZKORN, JAMES, , ,

Mailing Address 13110 NE 177TH PL
STE 1187

| | | |
|---------------------|-------------|-------------------|
| City WOODINVILLE | State WA | Zip Code 98072 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** H6WA01220

| | |
|--------------------------|--------------------|
| Name of Employer None | Occupation None |
|--------------------------|--------------------|

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
01 / 20 / 2026

Transaction ID : SA11D.4101

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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

| | |
|------------------|------------|
| Name of Employer | Occupation |
|------------------|------------|

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | 1000.00 |

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | | | |
|---|---|------------------------------------|-------------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 7 OF 9 | |
| | <input checked="" type="checkbox"/> 17 20a | <input type="checkbox"/> 18 20b | <input type="checkbox"/> 19a 20c | <input type="checkbox"/> 19b 21 |

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NAME OF COMMITTEE (In Full)
ETZKORN FOR CONGRESS

| | | | | |
|--|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial) A. ETZKORN, JAMES, , , | | | Date of Disbursement MM / DD / YYYY 03 / 12 / 2026 | |
| Mailing Address 13110 NE 177TH PL STE 1187 | | | FEC Identification Number C H6WA01220 | |
| City WOODINVILLE | State WA | Zip Code 98072 | Amount of Each Disbursement this Period 667.88 | |
| Purpose of Disbursement Reimbursement: See Memos. | | Category/ Type 001 | Transaction ID : SB17.4162 | |
| Candidate Name | | | <input type="checkbox"/> Memo Item | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: WA | District: 01 | | | |

| | | | | |
|---|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Squarespace | | | Date of Disbursement MM / DD / YYYY 01 / 25 / 2026 | |
| Mailing Address 225 Varick St 12th Floor | | | FEC Identification Number C | |
| City New York | State NY | Zip Code 10014 | Amount of Each Disbursement this Period 93.22 | |
| Purpose of Disbursement Email campaign service | | Category/ Type 001 | Transaction ID : SB17.4162.1 | |
| Candidate Name | | | <input checked="" type="checkbox"/> Memo Item | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| State: | District: | | | |

| | | | | |
|---|--|--------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Squarespace | | | Date of Disbursement MM / DD / YYYY 01 / 09 / 2026 | |
| Mailing Address 225 Varick St 12th Floor | | | FEC Identification Number C | |
| City New York | State NY | Zip Code 10014 | Amount of Each Disbursement this Period 268.02 | |
| Purpose of Disbursement Domain and website hosting | | Category/ Type 001 | Transaction ID : SB17.4162.3 | |
| Candidate Name | | | <input checked="" type="checkbox"/> 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).....▶ | 667.88 |
| TOTAL This Period (last page this line number only).....▶ | |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SB17

Transaction ID : SB17.4162

3/12/2026\$25.00Proof.com867 Boylston Street, 5th Floor #1656, Boston, MA 02116

Form/Schedule:

Transaction ID:

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

| | | |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 9 |
| | <input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21 | |

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NAME OF COMMITTEE (In Full)
ETZKORN FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| A. Squarespace | | M M / D D / Y Y Y Y 01 / 17 / 2026 |
| Mailing Address 225 Varick St 12th Floor | | FEC Identification Number |
| City New York | State NY | Zip Code 10014 |
| Purpose of Disbursement Domains purchase | | 001 |
| Candidate Name | | Category/ Type |
| Office Sought: | House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| State: | District: | Amount of Each Disbursement this Period 42.00 |
| Full Name (Last, First, Middle Initial) | | Transaction ID : SB17.4162.4 |
| B. Squarespace | | <input checked="" type="checkbox"/> Memo Item |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| B. Squarespace | | M M / D D / Y Y Y Y 01 / 18 / 2026 |
| Mailing Address 225 Varick St 12th Floor | | FEC Identification Number |
| City New York | State NY | Zip Code 10014 |
| Purpose of Disbursement Google workspace subscription | | 001 |
| Candidate Name | | Category/ Type |
| Office Sought: | 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: | Amount of Each Disbursement this Period 90.64 |
| Full Name (Last, First, Middle Initial) | | Transaction ID : SB17.4162.5 |
| C. | | <input checked="" type="checkbox"/> Memo Item |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) | | Date of Disbursement |
| C. | | M M / D D / Y Y Y Y |
| Mailing Address | | FEC Identification Number |
| City | State | Zip Code |
| Purpose of Disbursement | | |
| Candidate Name | | Category/ Type |
| Office Sought: | 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: | Amount of Each Disbursement this Period |
| Full Name (Last, First, Middle Initial) | | Memo Item |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 0.00 |
| TOTAL This Period (last page this line number only).....▶ | 667.88 |