

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Grayzel for Congress

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

	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))....	<input type="text" value="1811.84"/>	<input type="text" value="464457.70"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="40260.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="1811.84"/>	<input type="text" value="424197.70"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="6341.44"/>	<input type="text" value="424516.70"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="303.00"/>	<input type="text" value="319.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="6038.44"/>	<input type="text" value="424197.70"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="0.00"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="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

Grayzel for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2026 To: M M / D D / Y Y Y Y 06 / 04 / 2026

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	332194.75
(ii) Unitemized.....	0.00	27941.11
(iii) TOTAL of contributions from individuals ▶	0.00	360135.86
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2150.00
(d) The Candidate.....	1811.84	102171.84
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1811.84	464457.70
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	20000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	20000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	303.00	319.00
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)..... ▶	2114.84	484776.70

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.....	6341.44	424516.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	20000.00	20000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	20000.00	20000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	40260.00
(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	40260.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	26341.44	484776.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	24226.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2114.84
25. SUBTOTAL (add Line 23 and Line 24).....	26341.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26341.44
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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 13
(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)
Grayzel for Congress

A. Full Name (Last, First, Middle Initial)
Grayzel, Jeffrey, , ,

Mailing Address PO Box 9222

City: Morristown State: NJ Zip Code: 07963-9222

FEC ID number of contributing federal political committee: **C** H6NJ11195

Name of Employer: G3 Medical Development Occupation: President

Receipt For: 2026
 Primary General
 Other (specify) **Special Primary**

Election Cycle-to-Date: 95531.84

Date of Receipt: 06 / 04 / 2026

Transaction ID : 9404550

Amount of Each Receipt this Period: 1811.84

Memo Item

In-Kind: Candidate Loan Forgiveness

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1811.84
TOTAL This Period (last page this line number only).....▶	1811.84

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 13	
<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)
Grayzel for Congress

A. Full Name (Last, First, Middle Initial)
Amtrust

Mailing Address 59 Maiden Ln

City New York	State NY	Zip Code 10038-4502
------------------	-------------	------------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼
Special Primary

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		02		2026

Transaction ID : 9403734

Amount of Each Receipt this Period

Memo Item

Vendor Refund

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="303.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="303.00"/>

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 13	
	<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)
Grayzel for Congress

Full Name (Last, First, Middle Initial) A. Acuity Politics LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2026
Mailing Address 1030 15Th St NW # 404		FEC Identification Number C
City Washington	State DC	Zip Code 20005-1503
Purpose of Disbursement Compliance Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : 500141207
State: District:	Special Primary	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Acuity Politics LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2026
Mailing Address 1030 15Th St NW # 404		FEC Identification Number C
City Washington	State DC	Zip Code 20005-1503
Purpose of Disbursement Postage	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 61.95	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : 500141208
State: District:	Special Primary	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Acuity Politics LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2026
Mailing Address 1030 15Th St NW # 404		FEC Identification Number C
City Washington	State DC	Zip Code 20005-1503
Purpose of Disbursement Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 17.95	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : 500141215
State: District:	Special Primary	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2579.90
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 Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 13	
	<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)
Grayzel for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Amalgamated Bank		M M / D D / Y Y Y Y 04 / 28 / 2026	
Mailing Address 1825 K St NW		FEC Identification Number	
City Washington	State DC	Zip Code 20006-1202	C
Purpose of Disbursement Bank Fees		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			30.00
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : 500141204
State:	District:	Special Primary	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Amalgamated Bank		M M / D D / Y Y Y Y 05 / 28 / 2026	
Mailing Address 1825 K St NW		FEC Identification Number	
City Washington	State DC	Zip Code 20006-1202	C
Purpose of Disbursement Bank Fees		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			14.00
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : 500141205
State:	District:	Special Primary	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. Amalgamated Bank		M M / D D / Y Y Y Y 06 / 02 / 2026	
Mailing Address 1825 K St NW		FEC Identification Number	
City Washington	State DC	Zip Code 20006-1202	C
Purpose of Disbursement Bank Fees		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			90.00
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : 500141206
State:	District:	Special Primary	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	134.00
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 Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13			
	<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)
Grayzel for Congress

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2026
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 79.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : 500141209
State: District:	Special Primary	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Google		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 79.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : 500141213
State: District:	Special Primary	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Google		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2026
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 79.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : 500141217
State: District:	Special Primary	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	237.60
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 Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 13	
	<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)
Grayzel for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Intuit		M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 2700 Coast Ave		FEC Identification Number
City Mountain View	State CA	Zip Code 94043-1140
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	52.50
State: District:	Special Primary	Transaction ID : 500141211
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Intuit		M M / D D / Y Y Y Y 05 / 19 / 2026
Mailing Address 2700 Coast Ave		FEC Identification Number
City Mountain View	State CA	Zip Code 94043-1140
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	52.50
State: District:	Special Primary	Transaction ID : 500141214
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. NGP Van		M M / D D / Y Y Y Y 04 / 07 / 2026
Mailing Address 655 15Th St NW Ste 650		FEC Identification Number
City Washington	State DC	Zip Code 20005-5738
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	2648.94
State: District:	Special Primary	Transaction ID : 500141210
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2753.94
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 Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13			
	<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)
Grayzel for Congress

Full Name (Last, First, Middle Initial) A. NGP Van		Date of Disbursement MM / DD / YYYY 04 / 21 / 2026
Mailing Address 655 15Th St NW Ste 650		FEC Identification Number C
City Washington	State DC	Zip Code 20005-5738
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 318.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : 500141212
State: District:	Special Primary	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. NGP Van		Date of Disbursement MM / DD / YYYY 06 / 02 / 2026
Mailing Address 655 15Th St NW Ste 650		FEC Identification Number C
City Washington	State DC	Zip Code 20005-5738
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 318.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : 500141216
State: District:	Special Primary	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period	
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	636.00
TOTAL This Period (last page this line number only).....▶	6341.44

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 12 OF 13	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Grayzel for Congress

Full Name (Last, First, Middle Initial) A. Grayzel, Jeffrey, , ,			Date of Disbursement MM / DD / YYYY 06 / 02 / 2026	
Mailing Address PO Box 9222			FEC Identification Number C H6NJ11195	
City Morristown	State NJ	Zip Code 07963-9222	Amount of Each Disbursement this Period 18188.16	
Purpose of Disbursement Loan Repayment		Category/ Type	Transaction ID : 500141203	
Candidate Name Grayzel, Jeffrey, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: NJ District: 11	Special Primary			

Full Name (Last, First, Middle Initial) B. Grayzel, Jeffrey, , ,			Date of Disbursement MM / DD / YYYY 06 / 04 / 2026	
Mailing Address PO Box 9222			FEC Identification Number C H6NJ11195	
City Morristown	State NJ	Zip Code 07963-9222	Amount of Each Disbursement this Period 1811.84	
Purpose of Disbursement In-Kind: Candidate Loan forgiveness		Category/ Type	Transaction ID : 500141232	
Candidate Name Grayzel, Jeffrey, , ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼			
State: NJ District: 11	Special Primary			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement MM / DD / YYYY	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
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).....▶	20000.00
TOTAL This Period (last page this line number only).....▶	20000.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Grayzel for Congress** Transaction ID : **6500005L**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Grayzel, Jeffrey, , ,			<input type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
PO Box 9222			<input checked="" type="checkbox"/> Other (specify) ▼
			Special Primary
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Morristown	NJ	07963-9222	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	20000.00	0.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 22 / 2026	none		

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	0.00
TOTALS This Period (last page in this line only).....▶	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.