

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Fight Fire with Fire PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2025"/>		4428.13
(b) Cash on Hand at Beginning of Reporting Period.....	4509.79	
(c) Total Receipts (from Line 19)	11001.00	14871.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15510.79	19299.13
7. Total Disbursements (from Line 31).....	11908.83	15697.17
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3601.96	3601.96
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)	17137.36	

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Fight Fire with Fire PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	600.00	1550.00
(ii) Unitemized	252.00	2672.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	852.00	4222.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5852.00	9722.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5149.00	5149.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	11001.00	14871.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11001.00	14871.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	11908.83	15697.17
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	11908.83	15697.17
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11908.83	15697.17
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11908.83	15697.17

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5852.00	9722.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5852.00	9722.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	11908.83	15697.17
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	11908.83	15697.17

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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)
Fight Fire with Fire PAC

A. Friedrich, Tami, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14131 Spruce Grove Court
 City Corona State CA Zip Code 92880
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) UC Riverside Occupation (for Individual) Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 01 / 2025
Transaction ID : IA641
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 382110
 City Cambridge State MA Zip Code 02238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6371.00

Date of Receipt 07 / 01 / 2025
Transaction ID : DA217
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Gupta, Reetu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 E Las Palmas Avenue
 City Fremont State CA Zip Code 94539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wildflower Occupation (for Individual) Client Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 17 / 2025
Transaction ID : IA662
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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: SA11AI
Transaction ID : IA641

Earmarked through Actblue.

Form/Schedule: SA11AI
Transaction ID: DA217

Total earmarked through conduit; PAC limit not affected

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHZG7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : IA662

Earmarked through Actblue.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 47
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ActBlue		Date of Receipt MM / DD / YYYY 07 / 17 / 2025 Transaction ID : DA222
Mailing Address P.O. Box 382110		Amount of Each Receipt this Period 100.00
City Cambridge	State MA	Zip Code 02238
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6371.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Gupta, Reetu, , ,		Date of Receipt MM / DD / YYYY 08 / 17 / 2025 Transaction ID : IA756
Mailing Address 245 E Las Palmas Avenue		Amount of Each Receipt this Period 100.00
City Fremont	State CA	Zip Code 94539
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Wildflower	Occupation (for Individual) Client Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ActBlue		Date of Receipt MM / DD / YYYY 08 / 17 / 2025 Transaction ID : DA275
Mailing Address P.O. Box 382110		Amount of Each Receipt this Period 100.00
City Cambridge	State MA	Zip Code 02238
FEC ID number of contributing federal political committee. C		<input checked="" type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 6371.00	

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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: SA11AI

Transaction ID : DA222

Total earmarked through conduit; PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IA756

Earmarked through Actblue.

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

Form/Schedule: SA11AI

Transaction ID : DA275

Total earmarked through conduit; PAC limit not affected

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

A. Gupta, Reetu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 E Las Palmas Avenue
 City Fremont State CA Zip Code 94539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wildflower Occupation (for Individual) Client Service
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 17 / 2025
Transaction ID : IA811
 Amount of Each Receipt this Period 100.00
 Memo Item

B. ActBlue
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 382110
 City Cambridge State MA Zip Code 02238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 6371.00

Date of Receipt 09 / 17 / 2025
Transaction ID : DA290
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Gupta, Reetu, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 245 E Las Palmas Avenue
 City Fremont State CA Zip Code 94539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wildflower Occupation (for Individual) Client Service
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 17 / 2025
Transaction ID : IA831
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	200.00
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: SA11AI
Transaction ID : IA811

Earmarked through Actblue.

Form/Schedule: SA11AI
Transaction ID: DA290

Total earmarked through conduit; PAC limit not affected

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

Form/Schedule: SA11AI

Transaction ID : IA831

Earmarked through Actblue.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 47
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

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

Mailing Address P.O. Box 382110

City Cambridge	State MA	Zip Code 02238
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6371.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 17 / 2025
Transaction ID : DA294

Amount of Each Receipt this Period
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Gupta, Reetu, , ,

Mailing Address 245 E Las Palmas Avenue

City Fremont	State CA	Zip Code 94539
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wildflower	Occupation (for Individual) Client Service
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2025
Transaction ID : IA864

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address P.O. Box 382110

City Cambridge	State MA	Zip Code 02238
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6371.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 17 / 2025
Transaction ID : DA300

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	600.00

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

Form/Schedule: SA11AI

Transaction ID : DA294

Total earmarked through conduit; PAC limit not affected

Form/Schedule: SA11AI

Transaction ID: IA864

Earmarked through Actblue.

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

Form/Schedule: SA11AI

Transaction ID : DA300

Total earmarked through conduit; PAC limit not affected

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 47
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Inland Empire United Federal Action Fund

Mailing Address 515 S. Figueroa St. No.1110

City Los Angeles	State CA	Zip Code 90071
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FEC ID number of contributing federal political committee. **C** C00821728

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 09 / 2025

Transaction ID : IA649

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 47
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

A. Daruvala, Jacob Jonathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Vista Ridge Circle
 City 2300 Vista Ridge C State CA Zip Code 92860-3734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stop Essayli Committee Occupation (for Individual) Campaign Director
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 16 / 2025
Transaction ID : IA660
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. Daruvala, Rita A., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Vista Ridge Cir.
 City Norco State CA Zip Code 92860
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Divine Truth Unity Fellowship Occupation (for Individual) Administrative Assistant
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 16 / 2025
Transaction ID : IA661
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Ransom, Connie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 506 Viaduct Zapata
 City Riverside State CA Zip Code 92507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 200.00

Date of Receipt 07 / 21 / 2025
Transaction ID : IA736
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3100.00
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: SA17

Transaction ID : IA660

Non-Contribution account

Form/Schedule: SA17

Transaction ID: IA661

Non-Contribution account

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

Form/Schedule: SA17

Transaction ID : IA736

Non-Contribution account, Contribution earmarked and received through ActBlue 14 Arrow Street, Suite 11
Cambridge, MA 02138. PAC limit not affected.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 47
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

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

Mailing Address P.O. Box 382110

City Cambridge	State MA	Zip Code 02238
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6371.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2025

Transaction ID : DA251

Amount of Each Receipt this Period
100.00

Memo Item

B. Ransom, Connie, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 506 Viaduct Zapata

City Riverside	State CA	Zip Code 92507
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2025

Transaction ID : IA726

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address P.O. Box 382110

City Cambridge	State MA	Zip Code 02238
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
6371.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	23	/	2025

Transaction ID : DA241

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	3200.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: SA17

Transaction ID : DA251

Total earmarked through conduit; PAC limit not affected

Form/Schedule: SA17

Transaction ID: IA726

Non-Contribution account, Contribution earmarked and received through ActBlue 14 Arrow Street, Suite 11
Cambridge, MA 02138. PAC limit not affected.

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

Form/Schedule: SA17

Transaction ID : DA241

Total earmarked through conduit; PAC limit not affected

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fight Fire with Fire PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City Cambridge State MA Zip Code 2138

Purpose of Disbursement
Credit Card Fees 003
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
07 / 06 / 2025

FEC Identification Number
C
Transaction ID : **EB656**
Amount of Each Disbursement this Period
5.02

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City Cambridge State MA Zip Code 2138

Purpose of Disbursement
Credit Card Fees 003
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
07 / 13 / 2025

FEC Identification Number
C
Transaction ID : **EB771**
Amount of Each Disbursement this Period
1.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City Cambridge State MA Zip Code 2138

Purpose of Disbursement
Credit Card Fees 003
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement
MM / DD / YYYY
07 / 13 / 2025

FEC Identification Number
C
Transaction ID : **EB670**
Amount of Each Disbursement this Period
1.39

Memo Item

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

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

7.41

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fight Fire with Fire PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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	7		2	0		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : EB772

Amount of Each Disbursement this Period

[REDACTED]	16.14
------------	-------

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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	7		2	0		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : EB669

Amount of Each Disbursement this Period

[REDACTED]	3.95
------------	------

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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	7		2	7		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : EB773

Amount of Each Disbursement this Period

[REDACTED]	36.90
------------	-------

Memo Item

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

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

[REDACTED]	56.99
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[REDACTED]	
------------	--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fight Fire with Fire PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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	7		3	1		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : EB774

Amount of Each Disbursement this Period

[REDACTED] 10.77

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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	8		1	0		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : EB775

Amount of Each Disbursement this Period

[REDACTED] 17.21

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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	8		1	0		2	0	2	5

FEC Identification Number

C [REDACTED]

Transaction ID : EB691

Amount of Each Disbursement this Period

[REDACTED] 1.67

Memo Item

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

[REDACTED] 29.65

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fight Fire with Fire PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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	8		1	7		2	0	2	5

FEC Identification Number

C []

Transaction ID : EB760

Amount of Each Disbursement this Period

[] 3.95 []

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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	8		3	1		2	0	2	5

FEC Identification Number

C []

Transaction ID : EB788

Amount of Each Disbursement this Period

[] 1.98 []

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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	9		0	7		2	0	2	5

FEC Identification Number

C []

Transaction ID : EB799

Amount of Each Disbursement this Period

[] 0.72 []

Memo Item

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

[] 6.65 []

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

[] [] [] [] [] [] [] [] [] []

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fight Fire with Fire PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

003

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	7			2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : EB796

Amount of Each Disbursement this Period

[REDACTED] 0.28

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

003

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	4			2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : EB810

Amount of Each Disbursement this Period

[REDACTED] 1.39

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

003

Candidate Name

Category/
Type

Office Sought:

 House
 Senate
 President

Disbursement For:

 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

Transaction ID : EB814

Amount of Each Disbursement this Period

[REDACTED] 3.95

Memo Item

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

[REDACTED] 5.62

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fight Fire with Fire PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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
10			05			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : EB823

Amount of Each Disbursement this Period

[REDACTED] 0.28

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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
10			12			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : EB828

Amount of Each Disbursement this Period

[REDACTED] 1.39

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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
10			19			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : EB837

Amount of Each Disbursement this Period

[REDACTED] 0.40

Memo Item

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

[REDACTED] 2.07

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

[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fight Fire with Fire PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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
10			19			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : EB834

Amount of Each Disbursement this Period

[REDACTED] 3.95

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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
11			09			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : EB848

Amount of Each Disbursement this Period

[REDACTED] 1.27

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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
12			07			2025			

FEC Identification Number

C [REDACTED]

Transaction ID : EB856

Amount of Each Disbursement this Period

[REDACTED] 0.28

Memo Item

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

[REDACTED] 5.50

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Fight Fire with Fire PAC

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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 Y Y
12 / 14 / 2025

FEC Identification Number

C

Transaction ID : EB862

Amount of Each Disbursement this Period

0.99

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 14 Arrow Street, #11

City
Cambridge

State
MA

Zip Code
2138

Purpose of Disbursement

Credit Card Fees

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 Y Y
12 / 21 / 2025

FEC Identification Number

C

Transaction ID : EB871

Amount of Each Disbursement this Period

3.95

Memo Item

Full Name (Last, First, Middle Initial)

C. Breakthrough Blue LLC

Mailing Address 5960 South Land Park Drive #712

City
Sacramento

State
CA

Zip Code
95822

Purpose of Disbursement

Campaign Consulting

001

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 Y Y
08 / 21 / 2025

FEC Identification Number

C

Transaction ID : EB776

Amount of Each Disbursement this Period

3000.00

Memo Item

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

3004.94

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

A. S.E. Owens & Company

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement
Accounting & Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 22 / 2025

FEC Identification Number: C

Transaction ID : **EB677**

Amount of Each Disbursement this Period: 350.00

Memo Item

B. S.E. Owens & Company

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement
Accounting & Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 22 / 2025

FEC Identification Number: C

Transaction ID : **EB681**

Amount of Each Disbursement this Period: 330.00

Memo Item

C. S.E. Owens & Company

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement
Accounting & Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 07 / 22 / 2025

FEC Identification Number: C

Transaction ID : **EB671**

Amount of Each Disbursement this Period: 850.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1530.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

Full Name (Last, First, Middle Initial) A. S.E. Owens & Company		Date of Disbursement MM / DD / YYYY 07 / 22 / 2025	
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	
Purpose of Disbursement Accounting & Compliance Services		<input type="text" value="001"/> Category/Type	
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:	<input type="checkbox"/> Memo Item		

FEC Identification Number

Transaction ID : EB679
Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. S.E. Owens & Company		Date of Disbursement MM / DD / YYYY 07 / 22 / 2025	
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	
Purpose of Disbursement Accounting & Compliance Services		<input type="text" value="001"/> Category/Type	
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:	<input type="checkbox"/> Memo Item		

FEC Identification Number

Transaction ID : EB683
Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. S.E. Owens & Company		Date of Disbursement MM / DD / YYYY 07 / 22 / 2025	
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	
Purpose of Disbursement Accounting & Compliance Services		<input type="text" value="001"/> Category/Type	
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:	<input type="checkbox"/> Memo Item		

FEC Identification Number

Transaction ID : EB675
Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

A. S.E. Owens & Company

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement
Accounting & Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 11 / 2025

FEC Identification Number: C

Transaction ID : **EB694**

Amount of Each Disbursement this Period: 850.00

Memo Item

B. S.E. Owens & Company

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 11 / 2025

FEC Identification Number: C

Transaction ID : **EB696**

Amount of Each Disbursement this Period: 100.00

Memo Item

C. Donor Stack, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement
Software

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 11 / 2025

FEC Identification Number: C

Transaction ID : **BB14EB696**

Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 950.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

Full Name (Last, First, Middle Initial) A. S.E. Owens & Company		Date of Disbursement MM / DD / YYYY 08 / 11 / 2025	
Mailing Address 312 Clay Street, #300		FEC Identification Number C [REDACTED] Transaction ID : EB692 Amount of Each Disbursement this Period [REDACTED] 875.00	
City Oakland	State CA	Zip Code 94607	Category/ Type 001
Purpose of Disbursement Accounting & Compliance Services		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) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. S.E. Owens & Company		Date of Disbursement MM / DD / YYYY 08 / 25 / 2025	
Mailing Address 312 Clay Street, #300		FEC Identification Number C [REDACTED] Transaction ID : EB779 Amount of Each Disbursement this Period [REDACTED] 1350.00	
City Oakland	State CA	Zip Code 94607	Category/ Type 001
Purpose of Disbursement Accounting & Compliance Services		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) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. S.E. Owens & Company		Date of Disbursement MM / DD / YYYY 08 / 25 / 2025	
Mailing Address 312 Clay Street, #300		FEC Identification Number C [REDACTED] Transaction ID : EB781 Amount of Each Disbursement this Period [REDACTED] 250.00	
City Oakland	State CA	Zip Code 94607	Category/ Type 001
Purpose of Disbursement Software		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) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 2475.00
TOTAL This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

A. Donor Stack, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement Software 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 25 / 2025

FEC Identification Number: C
Transaction ID : **BB15EB781**
Amount of Each Disbursement this Period: 250.00

Memo Item

B. S.E. Owens & Company

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement Accounting & Compliance Services 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 25 / 2025

FEC Identification Number: C
Transaction ID : **EB816**
Amount of Each Disbursement this Period: 600.00

Memo Item

C. S.E. Owens & Company

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement Software 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 25 / 2025

FEC Identification Number: C
Transaction ID : **EB818**
Amount of Each Disbursement this Period: 100.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 700.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

A. Donor Stack, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement Software 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 25 / 2025

FEC Identification Number: C
Transaction ID : **BB16EB818**
Amount of Each Disbursement this Period: 100.00

Memo Item

B. S.E. Owens & Company

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement Accounting & Compliance Services 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2025

FEC Identification Number: C
Transaction ID : **EB838**
Amount of Each Disbursement this Period: 400.00

Memo Item

C. S.E. Owens & Company

Full Name (Last, First, Middle Initial)

Mailing Address 312 Clay Street, #300

City Oakland State CA Zip Code 94607

Purpose of Disbursement Accounting & Compliance Services 001 Category/Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 24 / 2025

FEC Identification Number: C
Transaction ID : **EB844**
Amount of Each Disbursement this Period: 900.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1300.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

Full Name (Last, First, Middle Initial) A. S.E. Owens & Company		Date of Disbursement MM / DD / YYYY 11 / 24 / 2025	
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	
Purpose of Disbursement Software		<input type="text" value="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:	<input type="checkbox"/> Memo Item		

FEC Identification Number

Transaction ID : EB846

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. Donor Stack, LLC		Date of Disbursement MM / DD / YYYY 11 / 24 / 2025	
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	
Purpose of Disbursement Software		<input type="text" value="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:	<input checked="" type="checkbox"/> Memo Item		

FEC Identification Number

Transaction ID : BB17EB846

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. S.E. Owens & Company		Date of Disbursement MM / DD / YYYY 12 / 24 / 2025	
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	
Purpose of Disbursement Accounting & Compliance Services		<input type="text" value="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:	<input type="checkbox"/> Memo Item		

FEC Identification Number

Transaction ID : EB866

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="585.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="11908.83"/>

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PC97**
Fight Fire with Fire PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) Rice, Zane, , ,		N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5960 South Land Park Drive			
City Sacramento	State CA	ZIP Code 95822	

Original Amount of Loan 4000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 4000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred MM / DD / YYYY 09 / 15 / 2022	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------------------------	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 4000.00
TOTALS This Period (last page in this line only)	▶	[]

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

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

Form/Schedule: SC/10

Transaction ID : PC97

Non-Contribution Account

Form/Schedule:

Transaction ID:

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PC131**
Fight Fire with Fire PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) Rice, Zane, , ,			<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5960 South Land Park Drive				
City Sacramento	State CA	ZIP Code 95822		

Original Amount of Loan 2500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred MM / DD / YYYY 10 / 21 / 2022	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------------------------	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 2500.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PC169**
Fight Fire with Fire PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) Rice, Zane, , ,		<input checked="" type="checkbox"/> N <input type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5960 South Land Park Drive			
City Sacramento	State CA	ZIP Code 95822	

Original Amount of Loan 2500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred MM / DD / YYYY 12 / 19 / 2022	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------------------------	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 2500.00
TOTALS This Period (last page in this line only)	▶	[]

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : PC252**
Fight Fire with Fire PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) Rice, Zane, , ,		N <input type="checkbox"/> Memo Item	Election: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 5960 South Land Park Drive			
City Sacramento	State CA	ZIP Code 95822	

Original Amount of Loan 3000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 3000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred MM / DD / YYYY 05 / 24 / 2023	Date Due MM / DD / YYYY None	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	------------------------------------	-------------------------------	---

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

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

SUBTOTALS This Period This Page (optional)	▶	[] 3000.00
TOTALS This Period (last page in this line only)	▶	[] 12000.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 47
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Breakthrough Blue LLC			Nature of Debt (Purpose): Software
Mailing Address 5960 South Land Park Drive #712			
City Sacramento	State CA	Zip Code 95822	

Outstanding Balance Beginning This Period 4050.00		Transaction ID : PD14	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 4050.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Breakthrough Blue LLC			Nature of Debt (Purpose): Digital advertising
Mailing Address 5960 South Land Park Drive #712			
City Sacramento	State CA	Zip Code 95822	

Outstanding Balance Beginning This Period 1087.36		Transaction ID : PD94	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1087.36	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor S.E. Owens & Company			Nature of Debt (Purpose): Accounting & Compliance Services
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	

Outstanding Balance Beginning This Period 850.00		Transaction ID : PD482	
Amount Incurred This Period 0.00	Payment This Period 850.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	5137.36
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 46 OF 47
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor S.E. Owens & Company			Nature of Debt (Purpose): Accounting & Compliance Services
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	

Outstanding Balance Beginning This Period 350.00		Transaction ID : PD495	
Amount Incurred This Period 0.00	Payment This Period 350.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor S.E. Owens & Company			Nature of Debt (Purpose): Accounting & Compliance Services
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	

Outstanding Balance Beginning This Period 550.00		Transaction ID : PD508	
Amount Incurred This Period 0.00	Payment This Period 550.00	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor S.E. Owens & Company			Nature of Debt (Purpose): Accounting & Compliance Services
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	

Outstanding Balance Beginning This Period 350.00		Transaction ID : PD517	
Amount Incurred This Period 0.00	Payment This Period 350.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 47
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Fight Fire with Fire PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor S.E. Owens & Company			Nature of Debt (Purpose): Accounting & Compliance Services
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	

Outstanding Balance Beginning This Period 330.00		Transaction ID : PD538	
Amount Incurred This Period 0.00	Payment This Period 330.00	Outstanding Balance at Close of This Period 0.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor S.E. Owens & Company			Nature of Debt (Purpose): Accounting & Compliance Services
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	

Outstanding Balance Beginning This Period 350.00		Transaction ID : PD543	
Amount Incurred This Period 0.00	Payment This Period 350.00	Outstanding Balance at Close of This Period 0.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor S.E. Owens & Company			Nature of Debt (Purpose): Accounting & Compliance Services
Mailing Address 312 Clay Street, #300			
City Oakland	State CA	Zip Code 94607	

Outstanding Balance Beginning This Period 875.00		Transaction ID : PD614	
Amount Incurred This Period 0.00	Payment This Period 875.00	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	5137.36
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	12000.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	17137.36