



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**SHREVE FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	49740.96	350007.93
(b) Total Contribution Refunds (from Line 20(d)) .....	2534.32	3570.74
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	47206.64	346437.19
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	369534.54	758054.06
(b) Total Offsets to Operating Expenditures (from Line 14) .....	287.64	977.93
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	369246.90	757076.13
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	1797386.04	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	7900000.00	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**SHREVE FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	500.00	107178.71
(ii) Unitemized .....	240.96	1829.22
(iii) TOTAL of contributions from individuals .....	740.96	109007.93
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	49000.00	241000.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	49740.96	350007.93
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	8680.96
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	2000000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2000000.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	287.64	977.93
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....</b>	50028.60	2359666.82

**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.....	369534.54	758054.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	34.32	70.74
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	3500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2534.32	3570.74
21. OTHER DISBURSEMENTS .....	0.00	500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	372068.86	762124.80

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2119426.30
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	50028.60
25. SUBTOTAL (add Line 23 and Line 24).....	2169454.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	372068.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1797386.04

# 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 65  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
SMEALLIE, SHAWN, , ,

Mailing Address 1310 BISHOP LN

City ALEXANDRIA State VA Zip Code 22302

FEC ID number of contributing federal political committee. C

Name of Employer SHAWN SMEALLIE Occupation LOBBYIST

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 19 / 2026

Transaction ID : AD7FDF43540E64A18AC0

Amount of Each Receipt this Period  
500.00

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
33418.21

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 19 / 2026

Transaction ID : A1BD0CA79641C4063A1F

Amount of Each Receipt this Period  
500.00

Memo Item  
INTERMEDIARY  
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 65  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
ALLIED PILOTS ASSOCIATION PAC

Mailing Address 14600 TRINITY BLVD  
STE 500

City FORT WORTH State TX Zip Code 76155-2559

FEC ID number of contributing federal political committee. **C** C00267849

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : AFF7060DEF9D647E4821

Amount of Each Receipt this Period  
4000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
AMALGAMATED SUGAR COMPANY PAC

Mailing Address 1951 S SATURN WAY

City BOISE State ID Zip Code 83709-2923

FEC ID number of contributing federal political committee. **C** C00326389

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2026

Transaction ID : A6387B424CF794B82AC2

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
AMERICAN AIRLINES INC. PAC (AAPAC)

Mailing Address 1200 17TH ST NW  
STE 400

City WASHINGTON State DC Zip Code 20036-3012

FEC ID number of contributing federal political committee. **C** C00107300

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : A550EAE136E064994AC1

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 6000.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 65  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN CONCRETE PAVEMENT ASSOCIATION PAC (ACPA)

Mailing Address 9450 BRYN MAWR AVE  
STE 150

City ROSEMONT State IL Zip Code 60018-5270

FEC ID number of contributing federal political committee. **C** C00322727

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2026

Transaction ID : A799CAAF2124B4FC4B3B

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
AMERICA'S CREDIT UNIONS PAC OF CREDIT UNION NATIONAL ASSOCIATION, INC.

Mailing Address 99 M ST SE  
STE 300

City WASHINGTON State DC Zip Code 20003-3957

FEC ID number of contributing federal political committee. **C** C00007880

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2026

Transaction ID : A831EA30C03774438967

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
ASSOCIATED GENERAL CONTRACTORS OF AMERICA

Mailing Address 2300 WILSON BLVD  
STE 300

City ARLINGTON State VA Zip Code 22201-5426

FEC ID number of contributing federal political committee. **C** C90020843

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : AE23B7DB2942B451F96B

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 5500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 65
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)

Mailing Address P.O. BOX 961039

City FORT WORTH	State TX	Zip Code 76161-0039
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00235739

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2026

**Transaction ID : A88470976457E44F6ACE**

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
BNSF RAILWAY COMPANY RAILPAC (BNSF RAILPAC)

Mailing Address P.O. BOX 961039

City FORT WORTH	State TX	Zip Code 76161-0039
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00235739

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2026

**Transaction ID : A572B239ACF374206B71**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
COX ENTERPRISES PAC (COXPAC) INC.

Mailing Address 975 F ST NW  
STE 300

City WASHINGTON	State DC	Zip Code 20004-1459
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00477653

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 26 / 2026

**Transaction ID : A47DD79463F2642E0BBA**

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 65  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**COX ENTERPRISES PAC (COXPAC) INC.**

Mailing Address 975 F ST NW  
STE 300

City WASHINGTON State DC Zip Code 20004-1459

FEC ID number of contributing federal political committee. **C** C00477653

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2026

**Transaction ID : A665169274B564254A2B**

Amount of Each Receipt this Period  
1500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**DAVID ROUZER FOR CONGRESS**

Mailing Address PO BOX 3142

City WILMINGTON State NC Zip Code 28406-0142

FEC ID number of contributing federal political committee. **C** C00501643

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

**Transaction ID : A0FE9E04658304AC4BD1**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**DUKE ENERGY CORPORATION PAC**

Mailing Address 1301 PENNSYLVANIA AVE NW  
STE 200

City WASHINGTON State DC Zip Code 20004-1740

FEC ID number of contributing federal political committee. **C** C00083535

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2026

**Transaction ID : AF41031F9FB594B86849**

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4500.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 65  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
ELEVANCE HEALTH, INC. PAC (ELEVANCE HEALTH PAC)

Mailing Address 1001 PENNSYLVANIA AVE NW  
STE 710

City WASHINGTON State DC Zip Code 20004-2513

FEC ID number of contributing federal political committee. **C** C00197228

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : A36E79F93D88E4730B4F

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE NW  
STE 500

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2026

Transaction ID : A5138C4F10E5C45A1BAA

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE NW  
STE 500

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2026

Transaction ID : AEC6D09E632024DDBAB3

Amount of Each Receipt this Period  
2000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4000.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 65	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE NW  
STE 500

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00096156

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
9000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : A0A49018BAC934EC6AF8

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
HOUSE CONSERVATIVES FUND

Mailing Address 228 S WASHINGTON ST  
STE 115

City ALEXANDRIA State VA Zip Code 22314-5404

FEC ID number of contributing federal political committee. **C** C00326439

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : A73A3E417ADF74B0A86B

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
MICROSOFT CORPORATION STAKEHOLDERS VOLUNTARY PAC - MSVPAC

Mailing Address 1 MICROSOFT WAY

City REDMOND State WA Zip Code 98052-6399

FEC ID number of contributing federal political committee. **C** C00227546

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : A253DA1756F9D43AEA29

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	4500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 65  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**MOTOROLA SOLUTIONS, INC. PAC**

Mailing Address 601 PENNSYLVANIA AVE NW  
STE 675

City WASHINGTON State DC Zip Code 20004-2601

FEC ID number of contributing federal political committee. **C** C00075341

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : **AD0C2C1A0BD9343A5BD8**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**NATIONAL APARTMENT ASSOCIATION PAC**

Mailing Address 4300 WILSON BLVD  
STE 800

City ARLINGTON State VA Zip Code 22203-4213

FEC ID number of contributing federal political committee. **C** C00113241

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 22 / 2026

Transaction ID : **A70AEAB391E9344359C1**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**NATIONAL ASSOCIATION OF REALTORS PAC**

Mailing Address 430 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-4006

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2026

Transaction ID : **A515242CC265A4C54AFB**

Amount of Each Receipt this Period  
2000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 65	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL BEER WHOLESALERS ASSOCIATION PAC

Mailing Address 277 S WASHINGTON ST  
STE 500

City ALEXANDRIA	State VA	Zip Code 22314-3672
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00144766

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

**Transaction ID : A91AB15EDBE8D4876B74**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL TANK TRUCK CARRIERS INC PAC

Mailing Address 4300 WILSON BLVD  
STE 520

City ARLINGTON	State VA	Zip Code 22203-4178
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00188011

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

**Transaction ID : AC5FDC186FDD142D59F8**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL TOOLING & MACHINING ASSOCIATION (NTMA) COMMITTEE FOR A STRONG ECONOMY

Mailing Address 1357 ROCKSIDE RD

City CLEVELAND	State OH	Zip Code 44134-2776
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00043091

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

**Transaction ID : A6749929E19104E89AE1**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 65  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
REPUBLICAN MAINSTREET PARTNERSHIP PAC

Mailing Address 411 NEW JERSEY AVE SE

City WASHINGTON State DC Zip Code 20003-4007

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 06 / 2026

Transaction ID : A8BFB9B6D9F4E4D79913

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
REPUBLICANS UNITED TO DEFEND YOU PAC - RUDY PAC

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

FEC ID number of contributing federal political committee. **C** C00823351

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : A886DC29B8A004F779EA

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
RUDY FOR INDIANA

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

FEC ID number of contributing federal political committee. **C** C00822767

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : AF8FD6849ECF142D68A7

Amount of Each Receipt this Period  
2000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 4000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 65	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
RUDY FOR INDIANA

Mailing Address PO BOX 26141

City ALEXANDRIA State VA Zip Code 22313-6141

FEC ID number of contributing federal political committee. **C** C00822767

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2026

Transaction ID : A37539C7D3CD94269A45

Amount of Each Receipt this Period  
2000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
SOUTHERN MINNESOTA BEET SUGAR COOPERATIVE PAC

Mailing Address P O BOX 500

City RENVILLE State MN Zip Code 56284-0500

FEC ID number of contributing federal political committee. **C** C00166348

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2026

Transaction ID : A517A5CA4A3F542AEA70

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
SUGAR CANE GROWERS COOPERATIVE OF FLORIDA (PAC)

Mailing Address 1500 GEORGE WEDGWORTH WAY

City BELLE GLADE State FL Zip Code 33430-5400

FEC ID number of contributing federal political committee. **C** C00254656

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 28 / 2026

Transaction ID : ABB4DC33955DA406AA6D

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	49000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 OF 65  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**SHREVE FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
GODADDY.COM

Mailing Address 2155 E GODADDY WAY

City TEMPE State AZ Zip Code 85284-3409

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : A9D51316D7D9C49AA90A

Amount of Each Receipt this Period

Memo Item  
 REFUND: SOFTWARE SUBSCRIPTION

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="287.64"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="287.64"/>

# 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 17 OF 65			
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ADOBE</b>		Date of Disbursement MM / DD / YYYY 01 / 28 / 2026
Mailing Address 345 PARK AVE		FEC Identification Number C
City SAN JOSE	State CA	Zip Code 95110-2704
Purpose of Disbursement SOFTWARE SUBSCRIPTION		001
Candidate Name		Amount of Each Disbursement this Period 32.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B1E159C9A45864076881
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. ADOBE</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026
Mailing Address 345 PARK AVE		FEC Identification Number C
City SAN JOSE	State CA	Zip Code 95110-2704
Purpose of Disbursement SOFTWARE SUBSCRIPTION		001
Candidate Name		Amount of Each Disbursement this Period 32.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B16461CBA17E24408A78
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. ADOBE</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2026
Mailing Address 345 PARK AVE		FEC Identification Number C
City SAN JOSE	State CA	Zip Code 95110-2704
Purpose of Disbursement SOFTWARE SUBSCRIPTION		001
Candidate Name		Amount of Each Disbursement this Period 32.09
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B8D6F2C963040417DB7F
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	96.27
<b>TOTAL</b> 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 18 OF 65			
	<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)  
**SHREVE FOR CONGRESS**

**A. ASPIRE JOHNSON COUNTY**

Full Name (Last, First, Middle Initial)

Mailing Address 1499 WINDHORST WAY  
STE 160

City GREENWOOD State IN Zip Code 46143-8800

Purpose of Disbursement EVENT TICKETS/SPONSORSHIP Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 20 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 93.38

Transaction ID : B7C44E49315B04977B2B

Memo Item

**B. ASPIRE JOHNSON COUNTY**

Full Name (Last, First, Middle Initial)

Mailing Address 1499 WINDHORST WAY  
STE 160

City GREENWOOD State IN Zip Code 46143-8800

Purpose of Disbursement EVENT TICKETS/SPONSORSHIP Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 21 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 46.69

Transaction ID : BE840478BDC134CD1956

Memo Item

**C. ASPIRE JOHNSON COUNTY**

Full Name (Last, First, Middle Initial)

Mailing Address 1499 WINDHORST WAY  
STE 160

City GREENWOOD State IN Zip Code 46143-8800

Purpose of Disbursement EVENT TICKETS/SPONSORSHIP Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 26 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 114.13

Transaction ID : BFBA806DD34E8443584C

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 254.20

**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 19 OF 65			
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. BOB EVANS**

Mailing Address 8200 WALTON PKWY

City NEW ALBANY State OH Zip Code 43054-7687

Purpose of Disbursement FOOD/BEVERAGE Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y  
02 / 05 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 51.73

Transaction ID : B9398DB120FEF4352860

Memo Item

Full Name (Last, First, Middle Initial)  
**B. BROGHAMER COMPLIANCE**

Mailing Address PO BOX 72100

City NEWPORT State KY Zip Code 41072-0100

Purpose of Disbursement COMPLIANCE CONSULTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y  
01 / 12 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 2475.00

Transaction ID : BEEAEF27CC7094079AE5

Memo Item

Full Name (Last, First, Middle Initial)  
**C. BROGHAMER COMPLIANCE**

Mailing Address PO BOX 72100

City NEWPORT State KY Zip Code 41072-0100

Purpose of Disbursement COMPLIANCE CONSULTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement M M / D D / Y Y Y Y  
02 / 04 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 2475.00

Transaction ID : B565DBD5585ED4DA7936

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 5001.73

**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 20 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

**A. BROGHAMER COMPLIANCE**

Full Name (Last, First, Middle Initial)  
Mailing Address PO BOX 72100

City NEWPORT State KY Zip Code 41072-0100

Purpose of Disbursement COMPLIANCE CONSULTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2753.81

Transaction ID : BB5761D29BB64471588A

Memo Item

**B. BULLHORN COMMUNICATIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 5016 WEBSTER

City OMAHA State NE Zip Code 68132-2210

Purpose of Disbursement MEDIA Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 25 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 32240.00

Transaction ID : B1A6682D6714A437388E

Memo Item

**C. BULLHORN COMMUNICATIONS**

Full Name (Last, First, Middle Initial)  
Mailing Address 5016 WEBSTER

City OMAHA State NE Zip Code 68132-2210

Purpose of Disbursement MEDIA Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 25 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 285213.00

Transaction ID : B7CEF78CC3B334AFB99B

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 320206.81

**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 21 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

**A. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement FOOD/BEVERAGE Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 16 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 399.54

Transaction ID : B8828BE4742864A68AFC

Memo Item

**B. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement FOOD/BEVERAGE Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 18 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 392.02

Transaction ID : BBCC9FBBF1F6841C58E3

Memo Item

**C. CAPITOL HILL CLUB**

Full Name (Last, First, Middle Initial)

Mailing Address 300 1ST ST SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement FOOD/BEVERAGE Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 17 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 282.58

Transaction ID : BD55E03E2C7764967B2A

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1074.14

**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 22 OF 65	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CONGRESSIONAL INSTITUTE</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2026
Mailing Address 1700 DIAGONAL RD		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314-2832
Purpose of Disbursement REGISTRATION FEE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 2187.84	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>BB903BFA412114E84BE4</b>
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. CONGRESSIONAL INSTITUTE</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2026
Mailing Address 1700 DIAGONAL RD		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314-2832
Purpose of Disbursement REGISTRATION FEE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 1234.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>BE2CC44356986461782D</b>
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. DOOR DASH</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2026
Mailing Address 303 2ND ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107-1366
Purpose of Disbursement FOOD/BEVERAGE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 228.10	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>B187E59708430476DB5E</b>
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3650.84
<b>TOTAL</b> 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 23 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. DOOR DASH**

Mailing Address 303 2ND ST

City SAN FRANCISCO State CA Zip Code 94107-1366

Purpose of Disbursement FOOD/BEVERAGE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 53.28

Transaction ID : B3094383E787C4E6CA87

Memo Item

Full Name (Last, First, Middle Initial)

**B. DOOR DASH**

Mailing Address 303 2ND ST

City SAN FRANCISCO State CA Zip Code 94107-1366

Purpose of Disbursement FOOD/BEVERAGE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 24 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 107.36

Transaction ID : B224F888260A14C4A89E

Memo Item

Full Name (Last, First, Middle Initial)

**C. FIGMA INC**

Mailing Address 760 MARKET ST  
FL 10

City SAN FRANCISCO State CA Zip Code 94102-2300

Purpose of Disbursement SOFTWARE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 30 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 20.00

Transaction ID : B3F5967C43AE84CA1A81

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 180.64

**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 24 OF 65			
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FIGMA INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2026
Mailing Address 760 MARKET ST FL 10		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94102-2300
Purpose of Disbursement SOFTWARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B3F08588A57F44319946
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FIGMA INC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2026
Mailing Address 760 MARKET ST FL 10		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94102-2300
Purpose of Disbursement SOFTWARE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 20.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BF0017E73B6E04CA0AED
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. FIREHOUSE BBQ AND BLUES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2026
Mailing Address 400 N 8TH ST		FEC Identification Number C
City RICHMOND	State IN	Zip Code 47374-3037
Purpose of Disbursement FOOD/BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 288.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B82A001A35F4E409BAE6
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	328.90
<b>TOTAL</b> 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 25 OF 65	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. FRENCH LICK RESORT</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2026	
Mailing Address 8670 IN-56			FEC Identification Number C	
City FRENCH LICK	State IN	Zip Code 47432	Amount of Each Disbursement this Period 213.57	
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B24F81016B9A44596A5F	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. FRENCH LICK RESORT</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026	
Mailing Address 8670 IN-56			FEC Identification Number C	
City FRENCH LICK	State IN	Zip Code 47432	Amount of Each Disbursement this Period 3709.45	
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B2EE9089C473A4E968C3	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. GODADDY.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2026	
Mailing Address 2155 E GODADDY WAY			FEC Identification Number C	
City TEMPE	State AZ	Zip Code 85284-3409	Amount of Each Disbursement this Period 287.64	
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Category/ Type 001	Transaction ID : B029F91B01F77458795C	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4210.66
<b>TOTAL</b> 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 26 OF 65			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GODADDY.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2026
Mailing Address 2155 E GODADDY WAY			FEC Identification Number C
City TEMPE	State AZ	Zip Code 85284-3409	Amount of Each Disbursement this Period 11.50
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Category/ Type 001	Transaction ID : B105131910B9649D7B61
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. GODADDY.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2026
Mailing Address 2155 E GODADDY WAY			FEC Identification Number C
City TEMPE	State AZ	Zip Code 85284-3409	Amount of Each Disbursement this Period 11.50
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Category/ Type 001	Transaction ID : BCA34E47C287C4D5B90B
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. GODADDY.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026
Mailing Address 2155 E GODADDY WAY			FEC Identification Number C
City TEMPE	State AZ	Zip Code 85284-3409	Amount of Each Disbursement this Period 11.99
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Category/ Type 001	Transaction ID : BD4B763AE6FDB4D9CA5D
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	34.99
<b>TOTAL</b> 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 27 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GODADDY.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 27 / 2026	
Mailing Address 2155 E GODADDY WAY			FEC Identification Number C	
City TEMPE	State AZ	Zip Code 85284-3409	Amount of Each Disbursement this Period 22.19	
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Category/ Type 001	Transaction ID : B1C06B5BFD8B74516967	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. GODADDY.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2026	
Mailing Address 2155 E GODADDY WAY			FEC Identification Number C	
City TEMPE	State AZ	Zip Code 85284-3409	Amount of Each Disbursement this Period 14.99	
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Category/ Type 001	Transaction ID : B74425E8E023F4786B41	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. GODADDY.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026	
Mailing Address 2155 E GODADDY WAY			FEC Identification Number C	
City TEMPE	State AZ	Zip Code 85284-3409	Amount of Each Disbursement this Period 14.99	
Purpose of Disbursement SOFTWARE SUBSCRIPTION		Category/ Type 001	Transaction ID : B69201C776A92486FA9A	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	52.17
<b>TOTAL</b> 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 28 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. GOOGLE</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1351
Purpose of Disbursement SOFTWARE SUBSCRIPTION		001
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 24.15
State: District:		Transaction ID : BE2B4BB4253B54566BE2
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. GOOGLE</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1351
Purpose of Disbursement SOFTWARE SUBSCRIPTION		001
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 24.35
State: District:		Transaction ID : B8F564A37F2B04262B59
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. GOOGLE</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1351
Purpose of Disbursement SOFTWARE SUBSCRIPTION		001
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 24.35
State: District:		Transaction ID : B11B39B13F7164B84B08
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	72.85
<b>TOTAL</b> 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 29 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. HANCOCK COUNTY REPUBLICAN PARTY**

Mailing Address PO BOX 502

City GREENFIELD State IN Zip Code 46140-0502

Purpose of Disbursement EVENT SPONSORSHIP Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 04 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 250.00

Transaction ID : B6D0ECC6D956F468844

Memo Item

Full Name (Last, First, Middle Initial)  
**B. HANCOCK COUNTY REPUBLICAN PARTY**

Mailing Address PO BOX 502

City GREENFIELD State IN Zip Code 46140-0502

Purpose of Disbursement SPONSORSHIPS/EVENT TICKETS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 16 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 1500.00

Transaction ID : B620E00B8DEDF45309A0

Memo Item

Full Name (Last, First, Middle Initial)  
**C. HARCOURT OUTLINES, INC.**

Mailing Address PO BOX 128

City MILROY State IN Zip Code 46156-0128

Purpose of Disbursement PRINTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 11 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 160.50

Transaction ID : BC2EC80EF92AD413EA13

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1910.50

**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 30 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. HARCOURT OUTLINES, INC.**

Mailing Address PO BOX 128

City MILROY State IN Zip Code 46156-0128

Purpose of Disbursement PRINTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 208.01

Transaction ID : B5251FD63ACF64C29AE8

Memo Item

Full Name (Last, First, Middle Initial)  
**B. I360**

Mailing Address 300 CLAREDON BLVD STE 800

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement SOFTWARE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 29 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 170.00

Transaction ID : BBC8A901699C1427CBE1

Memo Item

Full Name (Last, First, Middle Initial)  
**C. I360**

Mailing Address 300 CLAREDON BLVD STE 800

City ARLINGTON State VA Zip Code 22201

Purpose of Disbursement SOFTWARE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 02 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 170.00

Transaction ID : B302CBA047800446ABE8

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 548.01

**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 31 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. I360</b>		Date of Disbursement MM / DD / YYYY 03 / 30 / 2026
Mailing Address 300 CLAREDON BLVD STE 800		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22201
Purpose of Disbursement SOFTWARE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 170.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>BDDC796D05B574BC2A1F</b>
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. IMPRINT.COM</b>		Date of Disbursement MM / DD / YYYY 02 / 11 / 2026
Mailing Address 14550 BEECHNUT ST		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77083-5741
Purpose of Disbursement PRINTING SERVICES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 268.57	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>BBFBD353AD1E54DB18EB</b>
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. INDIANA REPUBLICAN STATE COMMITTEE</b>		Date of Disbursement MM / DD / YYYY 02 / 04 / 2026
Mailing Address 101 W OHIO ST STE 2200		FEC Identification Number C
City INDIANAPOLIS	State IN	Zip Code 46204-4207
Purpose of Disbursement EVENT TICKETS/SPONSORSHIP	Category/Type 001	
Candidate Name INDIANA REPUBLICAN STATE COMMITTEE	Amount of Each Disbursement this Period 333.33	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>BF98870988DB94C4E803</b>
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	771.90
<b>TOTAL</b> 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 32 OF 65	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. JOHNSON COUNTY GOP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2026
Mailing Address 845 RICHART LN		FEC Identification Number C
City GREENWOOD	State IN	Zip Code 46142-2067
Purpose of Disbursement SPONSORSHIPS/EVENT TICKETS		001
Candidate Name		Amount of Each Disbursement this Period 800.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : B9428D6E5447B4178A09</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. KB STRATEGIC GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2026
Mailing Address 3213 DUKE ST		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314-4533
Purpose of Disbursement FINANCE CONSULTING		001
Candidate Name		Amount of Each Disbursement this Period 11650.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : B71B9556E483542A1AC1</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. LIMESTONE STRATEGIES</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2026
Mailing Address 5750 CASTLE CREEK PARKWAY NORTH DR STE 367		FEC Identification Number C
City INDIANAPOLIS	State IN	Zip Code 46250-4336
Purpose of Disbursement POLITICAL STRATEGY CONSULTING		001
Candidate Name		Amount of Each Disbursement this Period 4000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : B806AC99B487D46FA89A</b>
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16450.00
<b>TOTAL</b> 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 33 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

**A. LIMESTONE STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 5750 CASTLE CREEK PARKWAY NORTH DR  
STE 367

City INDIANAPOLIS State IN Zip Code 46250-4336

Purpose of Disbursement POLITICAL STRATEGY CONSULTING Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 11 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 4000.00

Transaction ID : BC929D5F0F4324C2E940

Memo Item

**B. MAILCHIMP**

Full Name (Last, First, Middle Initial)

Mailing Address 675 PONCE DE LEON AVE NE

City ATLANTA State GA Zip Code 30308-1884

Purpose of Disbursement SUBSCRIPTION Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 27 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 135.00

Transaction ID : BD9DB5D46D23B4458B93

Memo Item

**C. MAILCHIMP**

Full Name (Last, First, Middle Initial)

Mailing Address 675 PONCE DE LEON AVE NE

City ATLANTA State GA Zip Code 30308-1884

Purpose of Disbursement SUBSCRIPTION Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 27 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 135.00

Transaction ID : BC413AA92E8B14DAB9AB

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 4270.00

**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 34 OF 65			
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MAILCHIMP**

Mailing Address 675 PONCE DE LEON AVE NE

City ATLANTA State GA Zip Code 30308-1884

Purpose of Disbursement SUBSCRIPTION Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 27 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 135.00

Transaction ID : BB4B8B7D5E3C64F478B7

Memo Item

Full Name (Last, First, Middle Initial)

**B. MARION COUNTY REPUBLICAN CENTRAL COMMITTEE**

Mailing Address 101 W OHIO ST STE 2200

City INDIANAPOLIS State IN Zip Code 46204-4207

Purpose of Disbursement EVENT SPONSORSHIP Category/Type 001

Candidate Name MARION COUNTY REPUBLICAN CENTRAL COMMITTEE

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 25 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 50.00

Transaction ID : BDC70F604CEA94996BD5

Memo Item

Full Name (Last, First, Middle Initial)

**C. OAKEN BARREL BREWING COMPANY**

Mailing Address 50 AIRPORT PKWY STE L

City GREENWOOD State IN Zip Code 46143-1438

Purpose of Disbursement FOOD/BEVERAGE Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 28 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 48.22

Transaction ID : B3105482EBAFA429683E

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 233.22

**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 35 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. OLD NATIONAL BANK**

Mailing Address 1 MONUMENT CIR, STE 150

City INDIANAPOLIS State IN Zip Code 46204-3030

Purpose of Disbursement BANK FEES Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 16 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 128.00

Transaction ID : B5FAF0E98D36A4879A5C

Memo Item

Full Name (Last, First, Middle Initial)

**B. OLD NATIONAL BANK**

Mailing Address 1 MONUMENT CIR, STE 150

City INDIANAPOLIS State IN Zip Code 46204-3030

Purpose of Disbursement BANK FEES Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 18 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 128.00

Transaction ID : BAB5447E8716445AF8B7

Memo Item

Full Name (Last, First, Middle Initial)

**C. OLD NATIONAL BANK**

Mailing Address 1 MONUMENT CIR, STE 150

City INDIANAPOLIS State IN Zip Code 46204-3030

Purpose of Disbursement BANK FEES Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 17 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 128.00

Transaction ID : BDA52C5E9A89442A0B82

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 384.00

**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 36 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. PERRY TOWNSHIP GOP CLUB**

Mailing Address 1139 STAVE OAK DR

City BEECH GROVE State IN Zip Code 46107-1974

Purpose of Disbursement SPONSORSHIP/EVENT TICKETS Category/Type 001

Candidate Name PERRY TOWNSHIP GOP CLUB

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 16 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 1000.00

Transaction ID : BC3B499D2C75D4B29807

Memo Item

Full Name (Last, First, Middle Initial)  
**B. RUSH COUNTY GOP**

Mailing Address PO BOX 132

City RUSHVILLE State IN Zip Code 46173-0132

Purpose of Disbursement EVENT TICKETS/SPONSORSHIP Category/Type 001

Candidate Name RUSH COUNTY GOP

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 04 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 1000.00

Transaction ID : BE41BB60B892E41C2990

Memo Item

Full Name (Last, First, Middle Initial)  
**C. SLACK TECHNOLOGIES, INC**

Mailing Address 500 HOWARD STREET

City SAN FRANCISCO State CA Zip Code 94105-3000

Purpose of Disbursement SOFTWARE SUBSCRIPTION Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 20 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 99.35

Transaction ID : BCE089AE211AB4504AD5

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2099.35

**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 37 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SLACK TECHNOLOGIES, INC</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2026
Mailing Address 500 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105-3000
Purpose of Disbursement SOFTWARE SUBSCRIPTION	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 68.59	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>BCBA909D8BADC4507A63</b>
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SLACK TECHNOLOGIES, INC</b>		Date of Disbursement MM / DD / YYYY 03 / 17 / 2026
Mailing Address 500 HOWARD STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94105-3000
Purpose of Disbursement SOFTWARE SUBSCRIPTION	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 37.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>B06DF73901186478BA17</b>
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SQUARESPACE</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2026
Mailing Address 225 VARICK ST FL 12		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10014-4383
Purpose of Disbursement WEBSITE	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 201.60	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : <b>BE5BB16D6036E444AA64</b>
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	307.69
<b>TOTAL</b> 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 38 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. SQUARESPACE</b>		M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 225 VARICK ST FL 12		FEC Identification Number
City NEW YORK	State NY	Zip Code 10014-4383
Purpose of Disbursement WEBSITE	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 201.60
State: District:	Transaction ID : B77DE6CBB07C74E4EB59	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. SQUARESPACE</b>		M M / D D / Y Y Y Y 03 / 09 / 2026
Mailing Address 225 VARICK ST FL 12		FEC Identification Number
City NEW YORK	State NY	Zip Code 10014-4383
Purpose of Disbursement WEBSITE	001	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 201.60
State: District:	Transaction ID : BFFB05F787EB24799850	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. STONE CREEK DINING COMPANY</b>		M M / D D / Y Y Y Y 02 / 17 / 2026
Mailing Address 1464 W STONES CROSSING RD		FEC Identification Number
City GREENWOOD	State IN	Zip Code 46143-8667
Purpose of Disbursement FOOD/BEVERAGE	002	
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 1329.33
State: District:	Transaction ID : BEB9BDBFB3F184BDD9A9	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1732.53
<b>TOTAL</b> 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 39 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. THE DEPOT 1906</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2026
Mailing Address 240 W MILL ST		FEC Identification Number C
City GREENFIELD	State IN	Zip Code 46140-2488
Purpose of Disbursement FOOD/BEVERAGE	Category/ Type 002	
Candidate Name	Amount of Each Disbursement this Period 224.14	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B442252927567407CA1D
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UBER</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2026
Mailing Address 1725 3RD ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158-2203
Purpose of Disbursement TRAVEL TRANSPORTATION	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 25.97	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BDAF2B4DE208D4B7DA39
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UBER</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2026
Mailing Address 1725 3RD ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158-2203
Purpose of Disbursement TRAVEL TRANSPORTATION	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 32.98	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B8985D82C91EB42E8A6F
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	283.09
<b>TOTAL</b> 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 40 OF 65			
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UBER</b>		Date of Disbursement MM / DD / YYYY 03 / 20 / 2026
Mailing Address 1725 3RD ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158-2203
Purpose of Disbursement TRAVEL TRANSPORTATION	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 15.88	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B1FF8A7BE29524AC8B35
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UNBOUNCE</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2026
Mailing Address 100 GARFIELD ST		FEC Identification Number C
City DENVER	State CO	Zip Code 80206-5597
Purpose of Disbursement SOFTWARE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 99.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB68A34929A664C33A72
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UNBOUNCE</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2026
Mailing Address 100 GARFIELD ST		FEC Identification Number C
City DENVER	State CO	Zip Code 80206-5597
Purpose of Disbursement SOFTWARE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 99.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BA6E84BB77AC54553AA1
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	213.88
<b>TOTAL</b> 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 41 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

**A. UNBOUNCE**

Full Name (Last, First, Middle Initial)

Mailing Address 100 GARFIELD ST

City DENVER State CO Zip Code 80206-5597

Purpose of Disbursement SOFTWARE Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 10 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 99.00

Transaction ID : B9019D9DF265C463FB45

Memo Item

**B. WHITE, ISAAC, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 17182

City SOUTHPORT State IN Zip Code 46227

Purpose of Disbursement EXPENSE REIMBURSEMENT - SEE MEMOS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 12 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 249.12

Transaction ID : BD25F8E8A80484C2AA5D

Memo Item

**C. WHITE, ISAAC, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 17182

City SOUTHPORT State IN Zip Code 46227

Purpose of Disbursement TRAVEL MILEAGE Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 01 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 137.20

Transaction ID : BA0EC46AF51174E11854

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 348.12

**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 42 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

**A. UBER**

Full Name (Last, First, Middle Initial)

Mailing Address 1725 3RD ST

City SAN FRANCISCO State CA Zip Code 94158-2203

Purpose of Disbursement TRAVEL Category/Type 002

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 01 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 111.92

Transaction ID : BC09FFCB716CF459AA9C

Memo Item

**B. WHITE, ISAAC, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 17182

City SOUTHPORT State IN Zip Code 46227

Purpose of Disbursement FIELD CONSULTING SERVICES Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 28 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 750.00

Transaction ID : B39C861C005A04747BE9

Memo Item

**C. WHITE, ISAAC, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 17182

City SOUTHPORT State IN Zip Code 46227

Purpose of Disbursement FIELD CONSULTING SERVICES Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 05 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 750.00

Transaction ID : B4CDCD415DE22451DB9B

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1500.00

**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 43 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WHITE, ISAAC, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2026
Mailing Address PO BOX 17182		FEC Identification Number C
City SOUTHPORT	State IN	Zip Code 46227
Purpose of Disbursement FIELD CONSULTING SERVICES		001
Candidate Name		Amount of Each Disbursement this Period 750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B5C88619484324EBB814
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. WHITE, ISAAC, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2026
Mailing Address PO BOX 17182		FEC Identification Number C
City SOUTHPORT	State IN	Zip Code 46227
Purpose of Disbursement MILEAGE REIMBURSEMENT		001
Candidate Name		Amount of Each Disbursement this Period 154.14
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B69428D69D24948D5950
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. WHITE, ISAAC, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 11 / 2026
Mailing Address PO BOX 17182		FEC Identification Number C
City SOUTHPORT	State IN	Zip Code 46227
Purpose of Disbursement MILEAGE REIMBURSEMENT		001
Candidate Name		Amount of Each Disbursement this Period 327.04
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BD02C2D1D159D49CC885
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1231.18
<b>TOTAL</b> 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 44 OF 65	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WHITE, ISAAC, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 26 / 2026
Mailing Address PO BOX 17182		FEC Identification Number C
City SOUTHPORT	State IN	Zip Code 46227
Purpose of Disbursement FIELD CONSULTING SERVICES		001
Candidate Name		Amount of Each Disbursement this Period 750.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : BA3BD583D934446DC9AD</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. WINRED</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2026
Mailing Address PO BOX 9891		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22219-1891
Purpose of Disbursement CREDIT CARD MERCHANT FEE		001
Candidate Name WINRED		Amount of Each Disbursement this Period 0.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : B7B0377E9DAFC4CCE8EB</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. WINRED</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2026
Mailing Address PO BOX 9891		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22219-1891
Purpose of Disbursement CREDIT CARD MERCHANT FEE		001
Candidate Name WINRED		Amount of Each Disbursement this Period 0.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : BA271E1EA9BCE4590B5A</b>
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	750.65
<b>TOTAL</b> 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 45 OF 65	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 001

Candidate Name WINRED

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 12 / 2026

FEC Identification Number C C00694323

Amount of Each Disbursement this Period 0.93

Transaction ID : BF2EE851688F3485A9FF

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 001

Candidate Name WINRED

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 20 / 2026

FEC Identification Number C C00694323

Amount of Each Disbursement this Period 1.16

Transaction ID : B133B4F0F6974C5D85A

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 001

Candidate Name WINRED

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 01 / 26 / 2026

FEC Identification Number C C00694323

Amount of Each Disbursement this Period 0.55

Transaction ID : B433E447CE52840E2BA9

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 2.64

**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 46 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. WINRED		M M / D D / Y Y Y Y 02 / 02 / 2026
Mailing Address PO BOX 9891		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22219-1891
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> C00694323
Candidate Name WINRED		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	0.55
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : B6715188ABC4C443D928
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. WINRED		M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address PO BOX 9891		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22219-1891
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> C00694323
Candidate Name WINRED		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	0.20
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : B1962DE63B1A84EB6910
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. WINRED		M M / D D / Y Y Y Y 02 / 17 / 2026
Mailing Address PO BOX 9891		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22219-1891
Purpose of Disbursement CREDIT CARD MERCHANT FEE		<input type="checkbox"/> C00694323
Candidate Name WINRED		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	2.40
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : B8E80BFEFAD9B4FEF940
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3.15
<b>TOTAL</b> 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 47 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 001

Candidate Name WINRED

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 02 / 23 / 2026

FEC Identification Number C C00694323

Amount of Each Disbursement this Period 0.73

Transaction ID : BE6B4298EF7794CA3B2A

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 001

Candidate Name WINRED

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 02 / 2026

FEC Identification Number C C00694323

Amount of Each Disbursement this Period 0.69

Transaction ID : BAEB5DF0AC3044006BB7

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 001

Candidate Name WINRED

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 09 / 2026

FEC Identification Number C C00694323

Amount of Each Disbursement this Period 0.71

Transaction ID : BD4B7E401566542A2B0D

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 2.13

**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 48 OF 65	
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 001

Candidate Name WINRED

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 16 / 2026

FEC Identification Number C C00694323

Amount of Each Disbursement this Period 1.31

Transaction ID : BEC1BAC02CA674A65BD6

Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 001

Candidate Name WINRED

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 23 / 2026

FEC Identification Number C C00694323

Amount of Each Disbursement this Period 21.05

Transaction ID : B97606E8D67CD43DDA18

Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED**

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

Purpose of Disbursement CREDIT CARD MERCHANT FEE Category/Type 001

Candidate Name WINRED

Office Sought:  House  Senate  President Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 30 / 2026

FEC Identification Number C C00694323

Amount of Each Disbursement this Period 1.76

Transaction ID : B8B770418CE844373B04

Memo Item

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶ 24.12

**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 49 OF 65			
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ZOOM</b>			Date of Disbursement MM / DD / YYYY 01 / 12 / 2026		
Mailing Address 55 S ALMADEN BLVD			FEC Identification Number C		
City SAN JOSE	State CA	Zip Code 95113-1608	Amount of Each Disbursement this Period 16.99		
Purpose of Disbursement SUBSCRIPTION		Category/ Type 001	Transaction ID : B98D9B423B495477E9D6		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. ZOOM</b>			Date of Disbursement MM / DD / YYYY 02 / 11 / 2026		
Mailing Address 55 S ALMADEN BLVD			FEC Identification Number C		
City SAN JOSE	State CA	Zip Code 95113-1608	Amount of Each Disbursement this Period 16.99		
Purpose of Disbursement SUBSCRIPTION		Category/ Type 001	Transaction ID : B13C8D2C2CFCE84451A48		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. ZOOM</b>			Date of Disbursement MM / DD / YYYY 03 / 11 / 2026		
Mailing Address 55 S ALMADEN BLVD			FEC Identification Number C		
City SAN JOSE	State CA	Zip Code 95113-1608	Amount of Each Disbursement this Period 16.99		
Purpose of Disbursement SUBSCRIPTION		Category/ Type 001	Transaction ID : B90BF7A3CF5CE4B74B30		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	50.97
<b>TOTAL</b> This Period (last page this line number only).....▶	368281.33

**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 50 OF 65			
	<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)  
**SHREVE FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC (SIGMA: AMERICA'S LEADING FUEL MARKETERS...</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2026
Mailing Address 1330 BRADDOCK PL STE 501		FEC Identification Number C C00120030
City ALEXANDRIA	State VA	Zip Code 22314-1650
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2500.00
Candidate Name SOCIETY OF INDEPENDENT GASOLINE MARKETERS OF AMERICA PAC (SIGMA: AMERICA'S LEADING FUEL MARKETERS...		Transaction ID : B266B95986FE141B996C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:	Category/Type 010	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : **C6A7F6FC589A04443B97**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SHREVE, JEFFERSON, , ,			<input type="checkbox"/> Primary
Mailing Address PO BOX 17182			<input checked="" type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City SOUTHPORT	State IN	ZIP Code 46227	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 09 / 16 / 2024	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100000.00
<b>TOTALS</b> 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 3) LOANS

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : C6FDE22CD942F476C8F9

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SHREVE, JEFFERSON, , ,			<input type="checkbox"/> Primary
Mailing Address PO BOX 17182			<input checked="" type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City SOUTHPORT	State IN	ZIP Code 46227	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
-------------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 05 / 2024	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> 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 3) LOANS

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : **CC99C6BF6D26247419FF**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
SHREVE, JEFFERSON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 17182			<input type="checkbox"/> General
City SOUTHPORT		State IN	<input type="checkbox"/> Other (specify) ▼
ZIP Code 46227		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan 1000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000000.00
---------------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 29 / 2025	NONE	0.00 % (apr)	<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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1000000.00
<b>TOTALS</b> 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 3) LOANS

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : CA041F3E6D2D64F809A6

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SHREVE, JEFFERSON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 17182			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City SOUTHPORT	State IN	ZIP Code 46227	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000000.00
---------------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2024	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1000000.00
<b>TOTALS</b> 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 3) LOANS

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : **C90FFB25E53CC4FFE900**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SHREVE, JEFFERSON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 17182			<input type="checkbox"/> General
City SOUTHPORT		State IN	<input type="checkbox"/> Other (specify) ▼
ZIP Code 46227		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
700000.00	0.00	700000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 28 / 2024	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	700000.00
<b>TOTALS</b> 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 3) LOANS

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : C17DEF342EDB74A2FBAA

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
SHREVE, JEFFERSON, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 17182		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City SOUTHPORT	State IN	ZIP Code 46227
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000000.00
---------------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 29 / 2024	NONE	0.00 % (apr)	<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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1000000.00
<b>TOTALS</b> 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 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CBFF3D1FC2D0D46F6998

SHREVE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2024

SHREVE, JEFFERSON, , ,

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

Personal Funds of the Candidate

Original Amount of Loan

600000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 / 26 / 2024

M M / D D / Y Y Y Y

NONE

0.00

% (apr)

Yes

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).....▶

600000.00

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 3) LOANS

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : C32DDF7217B2B428A8E7

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SHREVE, JEFFERSON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 17182			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City SOUTHPORT	State IN	ZIP Code 46227	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000000.00
---------------------------------------	------------------------------------	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 21 / 2024	NONE	0.00 % (apr)	<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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1000000.00
<b>TOTALS</b> 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 3) LOANS

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : C9FE6944440CD40C1A2F

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SHREVE, JEFFERSON, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 17182			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City SOUTHPORT	State IN	ZIP Code 46227	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 300000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300000.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2024	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	300000.00
<b>TOTALS</b> 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 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : C2BFDBFB36A9643EDAB8

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SHREVE, JEFFERSON, , ,			<input type="checkbox"/> Primary
Mailing Address PO BOX 17182			<input checked="" type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
SOUTHPORT	IN	46227	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

<b>TERMS</b>	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
	08 / 07 / 2024	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	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> 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 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : **C755C9D8D3C4940199B2**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>SHREVE, JEFFERSON, , ,</b>		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 17182		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SOUTHPORT	State IN	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000000.00	0.00	1000000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 29 / 2025	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<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:	

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1000000.00
<b>TOTALS</b> 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 3) LOANS

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : **CE130FB8252BF49B5AF8**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SHREVE, JEFFERSON, , ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 17182			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
SOUTHPORT	IN	46227	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500000.00	0.00	500000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 11 / 2024	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	500000.00
<b>TOTALS</b> 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 3) LOANS

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

FOR LINE NUMBER:  
(check only one)

13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C4C0B138262214F288FE

SHREVE FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2024

SHREVE, JEFFERSON, , ,

Primary

General

Other (specify) ▼

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
04 / 18 / 2024

M M / D D / Y Y Y Y

NONE

0.00

% (apr)

Yes

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).....▶

500000.00

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 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : **CEA4F5FB9BCF54383A38**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>SHREVE, JEFFERSON, , ,</b>		Election: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 17182		
City SOUTHPORT	State IN	ZIP Code 46227 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 24 / 2024	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> 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 3) LOANS

NAME OF COMMITTEE (In Full) **SHREVE FOR CONGRESS** Transaction ID : **C75AE888D13C34C5BBD3**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
SHREVE, JEFFERSON, , ,			<input type="checkbox"/> Primary
Mailing Address PO BOX 17182			<input checked="" type="checkbox"/> General
City SOUTHPORT		State IN	ZIP Code 46227
			<input type="checkbox"/> Other (specify) ▼
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 23 / 2024	NONE	0.00 % (apr)	<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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	7900000.00

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