

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Alfonso for Congress

ADDRESS (number and street)

PO BOX 447

Check if different  
than previously  
reported. (ACC)

HUDSON

WI

54016

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00924902

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

WI

07

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

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y  
08 / 11 / 2026in the  
State of

WI

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
07 / 01 / 2026

through

M M / D D / Y Y Y Y  
07 / 22 / 2026*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

Reid, Katie, , ,

Signature of Treasurer

Reid, Katie, , ,

Date

M M / D D / Y Y Y Y  
07 / 30 / 2026

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

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

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Alfonso for Congress

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 2 | 6 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 98189.46                | 1351546.03                         |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 8727.48                 | 32391.06                           |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 89461.98                | 1319154.97                         |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 132148.06               | 655746.50                          |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 132148.06               | 655746.50                          |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 663408.47               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Alfonso for Congress

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2026

To:

MM / DD / YYYY  
07 / 22 / 2026**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

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

86300.88

1076657.93

(ii) Unitemized .....

2888.58

63888.10

(iii) TOTAL of contributions  
from individuals ▶

89189.46

1140546.03

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

9000.00

211000.00

(d) The Candidate .....

0.00

0.00

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

98189.46

1351546.03

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

98189.46

1351546.03

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 132148.06                     | 655746.50                          |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 7727.48                       | 31391.06                           |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 1000.00                       | 1000.00                            |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 8727.48                       | 32391.06                           |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 140875.54                     | 688137.56                          |

## **III. CASH SUMMARY**

|                                                                                       |           |
|---------------------------------------------------------------------------------------|-----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 706094.55 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 98189.46  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 804284.01 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 140875.54 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 663408.47 |

# **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 5 OF 55

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

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

AHLBORN, MOLLY, , ,

**A.**

Mailing Address 1398 EVERETT ROAD

City

EAGLE RIVER

State

WI

Zip Code

54521-8793

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHLBORN

Occupation

BUSINESS OWNER

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  
07 08 2026

Transaction ID : SA11A.9696

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

HARRINGTON, TOM, , ,

**B.**

Mailing Address 14000 NORTH BIRCHWOOD LANE

City

MEQUON

State

WI

Zip Code

53097-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NATIONAL TECHNOLOGIES

Occupation

PRESIDENT

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  
07 14 2026

Transaction ID : SA11A.9940

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name (Last, First, Middle Initial)

JONAS, GLEN, , ,

**C.**

Mailing Address 1903 GRANVILLE ROAD

City

CEDARBURG

State

WI

Zip Code

53012-9739

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 18 2026

Transaction ID : SA11A.9937

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

6500.00

**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 6 OF 55

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

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

KLUIBER, RUDOLPH, , ,

**A.**

Mailing Address 1633 N PROSPECT AVE

City

MILWAUKEE

State

WI

Zip Code

53202-2494

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1020.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 18 2026

Transaction ID : SA11A.9938

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KRAFT, ROBERT, , ,

**B.**

Mailing Address 311 EAST CHICAGO STREET  
STE 510

City

MILWAUKEE

State

WI

Zip Code

53202-5896

FEC ID number of contributing  
federal political committee.

C

Name of Employer

FIRSTPATHWAY PARTNERS LLC

Occupation

OWNER

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 21 2026

Transaction ID : SA11A.9982

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PIEPER, RICHARD, , ,

**C.**

Mailing Address 900 NORTH BROADWAY

City

MILWAUKEE

State

WI

Zip Code

53202-

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VOLUNTEER

Occupation

VOLUNTEER

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  
07 22 2026

Transaction ID : SA11A.10974

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

**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:  
(check only one)

PAGE 7 OF 55

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

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

ROSNER, BRANDON, , ,

**A.**

Mailing Address W275N364 ARROWHEAD TRAIL

City

WAUKESHA

State

WI

Zip Code

53188-1915

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUMANA

Occupation

DIRECTOR

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  
07 / 22 / 2026

Transaction ID : SA11A.10973

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SMITH, STEPHEN, , ,

**B.**

Mailing Address 7065 MOORES LANE

City

BRENTWOOD

State

TN

Zip Code

37027-7998

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HAURY SMITH

Occupation

CHAIRMAN

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  
07 / 21 / 2026

Transaction ID : SA11A.9983

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ZORE, EDWARD, , ,

**C.**

Mailing Address 2505 WEST DEAN ROAD

City

RIVER HILLS

State

WI

Zip Code

53217-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2026

Transaction ID : SA11A.9981

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

**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:  
(check only one)

PAGE 8 OF 55

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

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address 4250 FAIRFAX DR  
STE 600

City  
ARLINGTON

State  
VA

Zip Code  
22203-

FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

373334.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 22 2026

Transaction ID : SA11C.10976

Amount of Each Receipt this Period

52406.54

☒ Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
AHERN, MICHAEL, , ,

Mailing Address 250 MASSACHUSETTS AVE NW

City  
WASHINGTON

State  
DC

Zip Code  
20001-5823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ROBINHOOD MARKETS

VP

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  
07 17 2026

Transaction ID : SA11A.11027

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
BILLINGS, MATTHEW, , ,

Mailing Address 200 WEST 67TH STREET APT 36A

City  
NEW YORK

State  
NY

Zip Code  
10023-0366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

ROBINHOOD MARKETS

FINANCIAL SERVICES

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3541.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 21 2026

Transaction ID : SA11A.11001

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED; SEE  
REDESIGNATION

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

5000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

BILLINGS, MATTHEW, , ,

A. Mailing Address 200 WEST 67TH STREET APT 36A

City  
NEW YORKState  
NYZip Code  
10023-0366FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBINHOOD MARKETSOccupation  
FINANCIAL SERVICES

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3541.02

Date of Receipt

M M / D D / Y Y Y Y Y  
07 22 2026

Transaction ID : SA11A.11999

Amount of Each Receipt this Period

- 41.02

☒ Memo Item  
CONTRIBUTION

REDESIGNATION TO GENERAL

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

Mailing Address 200 WEST 67TH STREET APT 36A

City  
NEW YORKState  
NYZip Code  
10023-0366FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ROBINHOOD MARKETSOccupation  
FINANCIAL SERVICES

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3541.02

Date of Receipt

M M / D D / Y Y Y Y Y  
07 22 2026

Transaction ID : SA11A.12000

Amount of Each Receipt this Period

41.02

☒ Memo Item  
CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

Mailing Address 1310 A STREET SE

City  
WASHINGTONState  
DCZip Code  
20003-1521FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PFSOccupation  
PARTNER

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  
07 22 2026

Transaction ID : SA11A.10979

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

TOTAL 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 PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

BRIGHT, MICHAEL, , ,

A.

Mailing Address 6017 WALHINDING ROAD

City

BETHESDA

State

MD

Zip Code

20816-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STRUCTURED FINANCE ASSOCIATION

Occupation

CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 21  |   | 2026        |

Transaction ID : SA11A.10994

Amount of Each Receipt this Period

3643.56

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED; SEE  
REDESIGNATION

B.

Full Name (Last, First, Middle Initial)

BRIGHT, MICHAEL, , ,

Mailing Address 6017 WALHINDING ROAD

City

BETHESDA

State

MD

Zip Code

20816-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STRUCTURED FINANCE ASSOCIATION

Occupation

CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 22  |   | 2026        |

Transaction ID : SA11A.12001

Amount of Each Receipt this Period

- 143.56

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

BRIGHT, MICHAEL, , ,

Mailing Address 6017 WALHINDING ROAD

City

BETHESDA

State

MD

Zip Code

20816-2142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STRUCTURED FINANCE ASSOCIATION

Occupation

CEO

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

|     |   |     |   |             |
|-----|---|-----|---|-------------|
| M M | / | D D | / | Y Y Y Y Y Y |
| 07  |   | 22  |   | 2026        |

Transaction ID : SA11A.12002

Amount of Each Receipt this Period

143.56

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

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

3643.56

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

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

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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

BURKE, PETER, , ,

**A.**

Mailing Address 12738 LAVENDER KEEP CIRCLE

City

FAIRFAX

State

VA

Zip Code

22033-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

527.28

Date of Receipt

M M / D D / Y Y Y Y Y  
07 18 2026

Transaction ID : SA11A.11021

Amount of Each Receipt this Period

26.03

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

COCOZIELLO, SOFIA, , ,

**B.**

Mailing Address 475 BERNARDSVILLE RD

City

MENDHAM

State

NJ

Zip Code

07945-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7287.11

Date of Receipt

M M / D D / Y Y Y Y Y  
07 21 2026

Transaction ID : SA11A.10993

Amount of Each Receipt this Period

7287.11

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED; SEE  
REDESIGNATION

Full Name (Last, First, Middle Initial)

COCOZIELLO, SOFIA, , ,

**C.**

Mailing Address 475 BERNARDSVILLE RD

City

MENDHAM

State

NJ

Zip Code

07945-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7287.11

Date of Receipt

M M / D D / Y Y Y Y Y  
07 22 2026

Transaction ID : SA11A.11991

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

CONTRIBUTION

EXCESS DONATION REFUNDED ON 7/23;  
REDESIGNATION TO GENERAL

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

7313.14

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

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

COCOZIELLO, SOFIA, , ,

**A.**

Mailing Address 475 BERNARDSVILLE RD

City

MENDHAM

State

NJ

Zip Code

07945-2927

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For: 2026

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7287.11

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 22 2026

Transaction ID : SA11A.11992

Amount of Each Receipt this Period

3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

DUNN, CONNOR, , ,

**B.**

Mailing Address 1517 6TH ST NW, UPPER UNIT

City

WASHINGTON

State

DC

Zip Code

20001-2420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BGR GROUP

Occupation

CONSULTANT

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  
07 20 2026

Transaction ID : SA11A.11004

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

EARDENSOHN, TODD, , ,

**C.**

Mailing Address 7020 BEECHWOOD DRIVE

City

CHEVY CHASE

State

MD

Zip Code

20815-5176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BGR

Occupation

CFO

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  
07 20 2026

Transaction ID : SA11A.11012

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

1500.00

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

EISNER, STEVEN, , ,

A.

Mailing Address 2415 OBSERVATORY PLACE NW

City

WASHINGTON

State

DC

Zip Code

20007-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BGR GROUPOccupation  
ADVISORY

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 20  |   | 2026    |

Transaction ID : SA11A.11011

Amount of Each Receipt this Period

500.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

FORD, ANISSA, , ,

Mailing Address 2303 CANDELARIA RD NW

City

ALBUQUERQUE

State

NM

Zip Code

87107-3055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TINNIN ENTERPRISESOccupation  
PRESIDENT

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1041.02

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 18  |   | 2026    |

Transaction ID : SA11A.11022

Amount of Each Receipt this Period

1041.02

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

FRALEY, SHIRLEY, , ,

Mailing Address 6430 KATY HOCKLEY ROAD

City

KATY

State

TX

Zip Code

77493-4907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

380.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 16  |   | 2026    |

Transaction ID : SA11A.11031

Amount of Each Receipt this Period

95.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

1636.02

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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

GALLAGHER, MICHAEL, , ,

A.

Mailing Address 1309 SUMMER HILL LN

City

GLADWYNE

State

PA

Zip Code

19035-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 18  |   | 2026    |

Transaction ID : SA11A.11019

Amount of Each Receipt this Period

5000.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED; SEE  
REDESIGNATION

B.

Full Name (Last, First, Middle Initial)

GALLAGHER, MICHAEL, , ,

Mailing Address 1309 SUMMER HILL LN

City

GLADWYNE

State

PA

Zip Code

19035-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 22  |   | 2026    |

Transaction ID : SA11A.11997

Amount of Each Receipt this Period

- 1500.00



Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

GALLAGHER, MICHAEL, , ,

Mailing Address 1309 SUMMER HILL LN

City

GLADWYNE

State

PA

Zip Code

19035-1142

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 22  |   | 2026    |

Transaction ID : SA11A.11998

Amount of Each Receipt this Period

1500.00



Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

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

5000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

HAMILL, ROBERT, , ,

A. Mailing Address 1401 CHURCH ST NW

City

WASHINGTON

State

DC

Zip Code

20005-1970

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AMERICAN ELECTRIC POWEROccupation  
GOVERNMENT AFFAIRS

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  
07 21 2026

Transaction ID : SA11A.11002

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 1061 ROYAL MILE

City

BIRMINGHAM

State

AL

Zip Code

35242-6061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BGROccupation  
VP

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  
07 20 2026

Transaction ID : SA11A.11003

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 107 PALMER CT

City

YORKVILLE

State

IL

Zip Code

60560-1050

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 17 2026

Transaction ID : SA11A.11026

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

1595.00

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

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

KALAVRITINOS, JACK, , ,

**A.** Mailing Address 10306 SNOWPINE WAY

City  
POTOMAC

State  
MD

Zip Code  
20854-3940

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
JKS

Occupation  
FOUNDER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 22 2026

Transaction ID : SA11A.10984

Amount of Each Receipt this Period

250.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LAI, JOSEPH, , ,

**B.** Mailing Address 2831 S BAYSHORE DRIVE

City  
MIAMI

State  
FL

Zip Code  
33133-6061

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BGR GROUP

Occupation  
PRINCIPAL, GOVERNMENT AFFAIRS

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  
07 20 2026

Transaction ID : SA11A.11009

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LOUGHNEY, ROBERT, , ,

**C.** Mailing Address 2316 GOLDSMITH ST

City  
HOUSTON

State  
TX

Zip Code  
77030-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

841.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 19 2026

Transaction ID : SA11A.11015

Amount of Each Receipt this Period

23.75

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

2273.75



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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PAGE 17 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

LUKAWSKI, JENNIFER, , ,

**A.** Mailing Address 8704 PLYMOUTH RD

City

ALEXANDRIA

State

VA

Zip Code

22308-2509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BGR GROUPOccupation  
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.11010

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MAMROUT, ALEN, , ,

**B.** Mailing Address 1400 BROADWAY, 18TH FL

City

NEW YORK

State

NY

Zip Code

10018-5308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
AXNYOccupation  
CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.10982

Amount of Each Receipt this Period

3500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

MAOLI, THOMAS, , ,

**C.** Mailing Address 130 ROUTE 10 WEST

City

WHIPPANY

State

NJ

Zip Code

07981-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CELEBRITY MOTOR CARSOccupation  
DEALER PRINCIPAL

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : SA11A.11006

Amount of Each Receipt this Period

7000.00

☐ Memo Item  
CONTRIBUTIONEARMARKED FROM WINRED; SEE  
REDESIGNATION**SUBTOTAL** of Receipts This Page (optional)..... ►

11500.00

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

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

Use separate schedule(s)  
for each category of the  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

MAOLI, THOMAS, , ,

**A.**

Mailing Address 130 ROUTE 10 WEST

City

WHIPPANY

State

NJ

Zip Code

07981-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CELEBRITY MOTOR CARS

Occupation

DEALER PRINCIPAL

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 22 2026

Transaction ID : SA11A.11993

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

MAOLI, THOMAS, , ,

**B.**

Mailing Address 130 ROUTE 10 WEST

City

WHIPPANY

State

NJ

Zip Code

07981-2107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CELEBRITY MOTOR CARS

Occupation

DEALER PRINCIPAL

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 22 2026

Transaction ID : SA11A.11994

Amount of Each Receipt this Period

3500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

PFRANG, STEVEN, , ,

**C.**

Mailing Address 702 KINGS COURT

City

ALEXANDRIA

State

VA

Zip Code

22302-4013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BGR GROUP

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 20 2026

Transaction ID : SA11A.11013

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

**TOTAL** 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  
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

POTTER, DENNIS, , ,

**A.**

Mailing Address 5311 SANGAMORE RD

City

BETHESDA

State

MD

Zip Code

20816-2323

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLLAND KNIGHT

Occupation  
SENIOR POLICY ADVISOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 22 2026

Transaction ID : SA11A.10980

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

RAINBOLT, JOHN, , ,

**B.**

Mailing Address 419 POPLAR DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22046-3813

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ALLIANT ENERGY

Occupation  
GOVERNMENT AFFAIRS

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  
07 20 2026

Transaction ID : SA11A.11007

Amount of Each Receipt this Period

500.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SCOTT, TIFFANY, , ,

**C.**

Mailing Address 16292 TACONIC CIRCLE

City

MONTCLAIR

State

VA

Zip Code

22025-1531

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WEC ENERGY GROUP

Occupation  
FEDERAL GOVERNMENT AFFAIRS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.51

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 22 2026

Transaction ID : SA11A.10983

Amount of Each Receipt this Period

520.51

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

1520.51

**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 20 OF 55

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

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

WALKER, TOM, , ,

**A.**

Mailing Address 1331 LAUREL RIDGE LANE

City

CHESAPEAKE

State

VA

Zip Code

23322-9559

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DRONEUP

Occupation

EXECUTIVE CHAIRMAN

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  
07 20 2026

Transaction ID : SA11A.11008

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WEISS, BRENDON, , ,

**B.**

Mailing Address 1209 GATEWOOD DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22307-2031

FEC ID number of contributing  
federal political committee.

C

Name of Employer

BGR GROUP

Occupation

CBO

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1041.02

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 21 2026

Transaction ID : SA11A.10999

Amount of Each Receipt this Period

520.51

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINTERS, ADAM, , ,

**C.**

Mailing Address 580 SPOOK HOLLOW RD

City

FAR HILLS

State

NJ

Zip Code

07931-2725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MERCHANT FINANCIAL GROUP

Occupation

CEO

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7287.11

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 22 2026

Transaction ID : SA11A.10981

Amount of Each Receipt this Period

7287.11

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED; SEE  
REDESIGNATION

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

8307.62

**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 PageFOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

WINTERS, ADAM, , ,

A.

Mailing Address 580 SPOOK HOLLOW RD

City

FAR HILLS

State

NJ

Zip Code

07931-2725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MERCHANT FINANCIAL GROUP

Occupation

CEO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7287.11

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 6 |   |

Transaction ID : SA11A.11989

Amount of Each Receipt this Period

- 3500.00



Memo Item

CONTRIBUTION

EXCESS DONATION REFUNDED ON 7/23;  
REDESIGNATION TO GENERAL

B.

Full Name (Last, First, Middle Initial)

WINTERS, ADAM, , ,

Mailing Address 580 SPOOK HOLLOW RD

City

FAR HILLS

State

NJ

Zip Code

07931-2725

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MERCHANT FINANCIAL GROUP

Occupation

CEO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

7287.11

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 6 |   |

Transaction ID : SA11A.11990

Amount of Each Receipt this Period

3500.00



Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

C.

Full Name (Last, First, Middle Initial)

WOOD, CARRIE, , ,

Mailing Address 813 VICAR LANE

City

ALEXANDRIA

State

VA

Zip Code

22302-3420

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 7 |   | 2 | 0 | 6 |   |

Transaction ID : SA11A.11025

Amount of Each Receipt this Period

1500.00



Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

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

1500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)  
WINRED

**A.**

Mailing Address 4250 FAIRFAX DR  
STE 600

City  
ARLINGTON

State  
VA

Zip Code  
22203-

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

373334.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 10 2026

Transaction ID : SA11C.9828

Amount of Each Receipt this Period

1538.33

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)  
BURKE, PETER, , ,

**B.**

Mailing Address 12738 LAVENDER KEEP CIRCLE

City  
FAIRFAX

State  
VA

Zip Code  
22033-2227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

527.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 07 2026

Transaction ID : SA11A.9856

Amount of Each Receipt this Period

33.25

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)  
BURKE, PETER, , ,

**C.**

Mailing Address 12738 LAVENDER KEEP CIRCLE

City  
FAIRFAX

State  
VA

Zip Code  
22033-2227

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

527.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 04 2026

Transaction ID : SA11A.9874

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

57.00

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

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

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

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

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

BURKE, PETER, , ,

**A.**

Mailing Address 12738 LAVENDER KEEP CIRCLE

City

FAIRFAX

State

VA

Zip Code

22033-2227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

527.28

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 01 2026

Transaction ID : SA11A.9891

Amount of Each Receipt this Period

44.65

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

CORE, EDNA, , ,

**B.**

Mailing Address 24478 BAY FOREST DR

City

FOLEY

State

AL

Zip Code

36535-9068

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 07 2026

Transaction ID : SA11A.9850

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

ERWIN, LE, , ,

**C.**

Mailing Address 746 BOST ROAD

City

MORGANTON

State

NC

Zip Code

28655-8026

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 07 2026

Transaction ID : SA11A.9855

Amount of Each Receipt this Period

95.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

234.65

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

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(check only one)

PAGE 24 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

FLACK, ELEANOR, , ,

A.

Mailing Address 1820 ION AVE

City

SULLIVANS ISLAND

State

SC

Zip Code

29482-8716

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

312.30

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 07  |   | 2026    |

Transaction ID : SA11A.9854

Amount of Each Receipt this Period

104.10

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

GLENNON, TOM, , ,

Mailing Address 16020 PLATTSBURG RD

City

KEARNEY

State

MO

Zip Code

64060-8150

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 08  |   | 2026    |

Transaction ID : SA11A.9842

Amount of Each Receipt this Period

95.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

HENLEY, JUDITH, , ,

Mailing Address PO BOX 137

City

COLLINSVILLE

State

TX

Zip Code

76233-0137

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

285.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 07  |   | 2026    |

Transaction ID : SA11A.9849

Amount of Each Receipt this Period

95.00

☐ Memo Item  
 CONTRIBUTION

EARMARKED FROM WINRED

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

294.10

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



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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
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☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

LEONARD, CHARLES, , ,

**A.**

Mailing Address 701 MARION ST. SW

City  
ISANTI

State  
MN

Zip Code  
55040-7250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEMSTONE

Occupation  
DRIVER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 06 2026

Transaction ID : SA11A.9862

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LINDECKER, YVONNE, , ,

**B.**

Mailing Address 19420 GOLDEN MEADOW DRIVD

City  
VOLCANO

State  
CA

Zip Code  
95689-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

252.87

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 07 2026

Transaction ID : SA11A.9859

Amount of Each Receipt this Period

26.03

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

LOUGHNEY, ROBERT, , ,

**C.**

Mailing Address 2316 GOLDSMITH ST

City  
HOUSTON

State  
TX

Zip Code  
77030-1130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

841.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 08 2026

Transaction ID : SA11A.9840

Amount of Each Receipt this Period

50.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

171.03

# **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 26 OF 55

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

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

SHEAHAN, CELESTE, , ,

**A.**

Mailing Address 537 S. SILKTREE. CIRCLE

City  
ORANGE

State  
CA

Zip Code  
92868-4510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 03 2026

Transaction ID : SA11A.9879

Amount of Each Receipt this Period

1.04

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SHEAHAN, CELESTE, , ,

**B.**

Mailing Address 537 S. SILKTREE. CIRCLE

City  
ORANGE

State  
CA

Zip Code  
92868-4510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

206.12

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 03 2026

Transaction ID : SA11A.9880

Amount of Each Receipt this Period

1.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

STEVENS, JAN, , ,

**C.**

Mailing Address 6216 W CHAD CIRCLE

City  
SIOUX FALLS

State  
SD

Zip Code  
57106-1966

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

403.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 06 2026

Transaction ID : SA11A.9867

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

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

97.04

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

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

WEISS, DONNA, , ,

A.

Mailing Address 4 ANNABETH ROAD

City  
OLEYState  
PAZip Code  
19547-8851FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

287.50

Date of Receipt

M M / D D / Y Y Y Y Y  
07 07 2026

Transaction ID : SA11A.9848

Amount of Each Receipt this Period

95.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

B.

Full Name (Last, First, Middle Initial)

WOLDING, DON, , ,

Mailing Address PO BOX 3

City  
NELSONVILLEState  
WIZip Code  
54458-0003FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3190.15

Date of Receipt

M M / D D / Y Y Y Y Y  
07 08 2026

Transaction ID : SA11A.9844

Amount of Each Receipt this Period

104.10

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203-FEC ID number of contributing  
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

373334.28

Date of Receipt

M M / D D / Y Y Y Y Y  
07 20 2026

Transaction ID : SA11C.9829

Amount of Each Receipt this Period

18299.59

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

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

199.10

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

ANDRESEN, MATTHEW, , ,

**A.** Mailing Address 3311 WESTLAKE DRIVE

City  
AUSTIN

State  
TX

Zip Code  
78746-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEADLANDS

Occupation  
FOUNDER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 15 2026

Transaction ID : SA11A.9905

Amount of Each Receipt this Period

7287.11

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED; SEE  
REDESIGNATION

Full Name (Last, First, Middle Initial)

ANDRESEN, MATTHEW, , ,

**B.** Mailing Address 3311 WESTLAKE DRIVE

City  
AUSTIN

State  
TX

Zip Code  
78746-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEADLANDS

Occupation  
FOUNDER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 20 2026

Transaction ID : SA11A.9974

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item  
CONTRIBUTION

REDESIGNATION TO GENERAL; REFUNDED  
\$287.11 ON 07/21/2026

Full Name (Last, First, Middle Initial)

ANDRESEN, MATTHEW, , ,

**C.** Mailing Address 3311 WESTLAKE DRIVE

City  
AUSTIN

State  
TX

Zip Code  
78746-1901

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEADLANDS

Occupation  
FOUNDER

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 20 2026

Transaction ID : SA11A.9975

Amount of Each Receipt this Period

3500.00

☒ Memo Item  
CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

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

7287.11

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

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

FOR LINE NUMBER:  
(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

KELLNER, TED, , ,

**A.**

Mailing Address 790 N WATER ST. SUITE 2175

City

MILWAUKEE

State

WI

Zip Code

53202-4084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TM PARTNERS, LLC

Occupation

CHAIRMAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 13 2026

Transaction ID : SA11A.9927

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED; SEE  
REATTRIBUTION; SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

KELLNER, MARY, , ,

**B.**

Mailing Address 790 N WATER ST.  
SUITE 2175

City

MILWAUKEE

State

WI

Zip Code

53202-4084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

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  
07 20 2026

Transaction ID : SA11A.9976

Amount of Each Receipt this Period

3500.00

☒ Memo Item

CONTRIBUTION

REATTRIBUTION FROM SPOUSE; REATTRIBUTION  
/ REDESIGNATION REQUESTED

Full Name (Last, First, Middle Initial)

KELLNER, TED, , ,

**C.**

Mailing Address 790 N WATER ST. SUITE 2175

City

MILWAUKEE

State

WI

Zip Code

53202-4084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TM PARTNERS, LLC

Occupation

CHAIRMAN

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 20 2026

Transaction ID : SA11A.9977

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

CONTRIBUTION

REATTRIBUTION TO SPOUSE; REATTRIBUTION /  
REDESIGNATION REQUESTED

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

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

7000.00

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

PAGE 30 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

KELLNER, TED, , ,

A.

Mailing Address 790 N WATER ST. SUITE 2175

City

MILWAUKEE

State

WI

Zip Code

53202-4084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TM PARTNERS, LLC

Occupation

CHAIRMAN

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

6000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 20  |   | 2026    |

Transaction ID : SA11A.9978

Amount of Each Receipt this Period

2500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY;  
REATTRIBUTION / REDESIGNATION REQUESTED

B.

Full Name (Last, First, Middle Initial)

KELLNER, TED, , ,

Mailing Address 790 N WATER ST. SUITE 2175

City

MILWAUKEE

State

WI

Zip Code

53202-4084

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TM PARTNERS, LLC

Occupation

CHAIRMAN

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

6000.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 20  |   | 2026    |

Transaction ID : SA11A.9979

Amount of Each Receipt this Period

- 2500.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL; REATTRIBUTION /  
REDESIGNATION REQUESTED

C.

Full Name (Last, First, Middle Initial)

NOKES, JIM, , ,

Mailing Address 22 TAHOE SHORES CT

City

HUMBLE

State

TX

Zip Code

77346-2587

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

445.00

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 14  |   | 2026    |

Transaction ID : SA11A.9912

Amount of Each Receipt this Period

100.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

100.00

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

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

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

PRIEBUS, REINCE, , ,

**A.**

Mailing Address 1907 WHITEOAKS DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22306-2430

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MICHAEL BEST

Occupation

ATTORNEY

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  
07 15 2026

Transaction ID : SA11A.9906

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

SNEARLY, MARTHA, , ,

**B.**

Mailing Address 8055 TWIN OAKS DR.

City

BROADVIEW HEIGHTS

State

OH

Zip Code

44147-1035

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

207.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 14 2026

Transaction ID : SA11A.9911

Amount of Each Receipt this Period

23.75

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WENNING, CONNIE, , ,

**C.**

Mailing Address 30002 AVENIDA CLASSICA

City

RANCHO PALOS VERDE

State

CA

Zip Code

90275-5415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE REALESTATE GROUP

Occupation

REAL ESTATE SALES

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 13 2026

Transaction ID : SA11A.9926

Amount of Each Receipt this Period

47.50

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

3571.25

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

86300.88

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

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

FOR LINE NUMBER:  
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☐ 11a ☐ 11b ☒ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**Alfonso for Congress**

Full Name (Last, First, Middle Initial)

**RUDY FOR INDIANA**

**A.**

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 ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 15 2026

Transaction ID : SA11C.9827

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
CONTRIBUTION

**B.**

Full Name (Last, First, Middle Initial)

**CALPORTLAND COMPANY POLITICAL ACTION COMMITTEE (CALPORTLANDP**

Mailing Address 10655 W PARK RUN DRIVE  
SUITE 275

City

LAS VEGAS

State

NV

Zip Code

89144-4591

FEC ID number of contributing  
federal political committee.

**C** C00389429

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  
07 01 2026

Transaction ID : SA11C.9941

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

**C.**

Full Name (Last, First, Middle Initial)

**CEMEX INC. EMPLOYEES PAC**

Mailing Address 10100 KATY FREEWAY, SUITE 300

City

HOUSTON

State

TX

Zip Code

77043-5267

FEC ID number of contributing  
federal political committee.

**C** C00111880

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  
07 15 2026

Transaction ID : SA11C.9817

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

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

8000.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

THALES USA, INC. POLITICAL ACTION COMMITTEE (THALES USA PAC)

Mailing Address 2733 SOUTH CRYSTAL DRIVE  
SUITE 1200City  
ARLINGTONState  
VAZip Code  
22202-3585FEC ID number of contributing  
federal political committee.

C C00828905

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 |
| 07  |   | 22  |   | 2026    |

Transaction ID : SA11C.10975

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
 CONTRIBUTION

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

Amount of Each Receipt this Period

☐ Memo Item

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

1000.00

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

9000.00

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

PAGE 34 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 1 ADP BOULEVARD

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 10  |   | 2026    |

City  
ROSELANDState  
NJZip Code  
07068-1728

FEC Identification Number

C

Purpose of Disbursement  
PAYROLL FEES

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

16.00

Transaction ID : SB17.I4563

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DRIVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 20  |   | 2026    |

City  
FORT WORTHState  
TXZip Code  
76155-1801

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL: AIRFARE

002

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

305.40

Transaction ID : SB17.I4548

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. AMOCO**

Mailing Address 3001 VILLAGE PARK DRIVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 08  |   | 2026    |

City  
PLOVERState  
WIZip Code  
54467-4302

FEC Identification Number

C

Purpose of Disbursement  
FUEL EXPENSES

002

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

44.75

Transaction ID : SB17.I4565

☐ Memo Item

Office Sought:

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

Disbursement For:

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

State:

District:

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

366.15

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

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

PAGE 35 OF 55

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

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)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS STREET

City  
NEW ORLEANSState  
LAZip Code  
70113Purpose of Disbursement  
CREDIT CARD FEES

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1421.50

Transaction ID : SB17.I3515

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS STREET

City  
NEW ORLEANSState  
LAZip Code  
70113Purpose of Disbursement  
CREDIT CARD FEES

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

60.30

Transaction ID : SB17.I3516

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS STREET

City  
NEW ORLEANSState  
LAZip Code  
70113Purpose of Disbursement  
CREDIT CARD FEES

003

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 4 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17.I5552

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

1502.10

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

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

PAGE 36 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS STREET

City  
NEW ORLEANSState  
LAZip Code  
70113Purpose of Disbursement  
CREDIT CARD FEES

003

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 8 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

160.60

Transaction ID : SB17.I5553

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS STREET

City  
NEW ORLEANSState  
LAZip Code  
70113Purpose of Disbursement  
CREDIT CARD FEES

003

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

7.30

Transaction ID : SB17.I5554

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BARRON COUNTY FAIRGROUNDS**

Mailing Address 101 SHORT STREET

City  
RICE LAKEState  
WIZip Code  
54868Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

12.36

Transaction ID : SB17.I4552

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

180.26

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

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

PAGE 37 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. BP**

Mailing Address W11069 U.S. 8

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 06  |   | 2026    |

City  
TRIPOLIState  
WIZip Code  
54564-9571

FEC Identification Number

C

Purpose of Disbursement  
FUEL EXPENSES

002

Amount of Each Disbursement this Period

67.67

Transaction ID : SB17.I4570

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVENUE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 13  |   | 2026    |

City  
MCLEANState  
VAZip Code  
22101-5709

FEC Identification Number

C

Purpose of Disbursement  
BANK FEE

001

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.I4562

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. CHAIN BRIDGE BANK, N.A.**

Mailing Address 1445A LAUGHLIN AVENUE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 16  |   | 2026    |

City  
MCLEANState  
VAZip Code  
22101-5709

FEC Identification Number

C

Purpose of Disbursement  
BANK FEE

001

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.I5548

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

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

104.67

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

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

PAGE 38 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. CIRCLE K**

Mailing Address 1130 WEST WARNER ROAD

City  
TEMPEState  
AZZip Code  
85284-2816Purpose of Disbursement  
FUEL EXPENSES

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 4 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

61.13

Transaction ID : SB17.I4557

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CITY OF MILWAUKEE**

Mailing Address 200 EAST WELLS STREET

City  
MILWAUKEEState  
WIZip Code  
53202-3515Purpose of Disbursement  
PARKING

002

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

6.50

Transaction ID : SB17.I5550

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**Mailing Address 1595 SPRING HILL ROAD  
SUITE 500City  
VIENNAState  
VAZip Code  
22182-2228Purpose of Disbursement  
DATABASE

001

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1200.00

Transaction ID : SB17.I4566

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

1267.63

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

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

PAGE 39 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. DAIRY QUEEN**

Mailing Address 7505 METRO BOULEVARD

City  
EDINAState  
MNZip Code  
55439-3018Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

27.26

Transaction ID : SB17.I4561

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DAIRY QUEEN**

Mailing Address 7505 METRO BOULEVARD

City  
EDINAState  
MNZip Code  
55439-3018Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 6 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

18.54

Transaction ID : SB17.I4569

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. EL TEQUILA SALSA**

Mailing Address 150518 COUNTY ROAD NN

City  
WAUSAUState  
WIZip Code  
54401-2328Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

182.94

Transaction ID : SB17.I4558

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

228.74

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

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

PAGE 40 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. EXPEDIA**

Mailing Address 1111 EXPEDIA GROUP WAY WEST

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 06  |   | 2026    |

City  
SEATTLEState  
WAZip Code  
98119

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL: LODGING

002

Amount of Each Disbursement this Period

354.78

Transaction ID : SB17.I4567

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 14  |   | 2026    |

City  
MCLEANState  
VAZip Code  
22102-3393

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL: LODGING

002

Amount of Each Disbursement this Period

188.68

Transaction ID : SB17.I4556

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 13  |   | 2026    |

City  
MCLEANState  
VAZip Code  
22102-3393

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL: LODGING

002

Amount of Each Disbursement this Period

191.22

Transaction ID : SB17.I4559

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

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

734.68

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



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

PAGE 41 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. HAMPTON INN**

Mailing Address 7930 JONES BRANCH DRIVE

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 10  | 2026    |

City  
MCLEANState  
VAZip Code  
22102-3393

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL: LODGING

002

Amount of Each Disbursement this Period

185.94

Transaction ID : SB17.I4564

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. HILTON GARDEN INN**

Mailing Address 7930 JONES BRANCH DRIVE

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 01  | 2026    |

City  
MCLEANState  
VAZip Code  
22102-3393

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL: LODGING

002

Amount of Each Disbursement this Period

142.11

Transaction ID : SB17.I4571

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. JIMMY JOHNS**

Mailing Address 2212 FOX DRIVE

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 16  | 2026    |

City  
CHAMPAIGNState  
ILZip Code  
61820-7532

FEC Identification Number

C

Purpose of Disbursement  
FOOD/BEVERAGE

001

Amount of Each Disbursement this Period

245.70

Transaction ID : SB17.I4555

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

573.75

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

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

PAGE 42 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. KWIK TRIP**

Mailing Address 1626 OAK STREET

City  
LA CROSSEState  
WIZip Code  
54603-2308Purpose of Disbursement  
FUEL EXPENSE

002

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 7 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

12.90

Transaction ID : SB17.I4554

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MCDONALDS**

Mailing Address 110 NORTH CARPENTER STREET

City  
CHICAGOState  
ILZip Code  
60607-4106Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

14.19

Transaction ID : SB17.I4551

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MILWAUKEE BURGER COMPANY**

Mailing Address 2200 STEWART AVENUE

City  
WAUSAUState  
WIZip Code  
54401-5284Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 6 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

211.23

Transaction ID : SB17.I4568

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

238.32

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

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

PAGE 43 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. MSP AIRPORT**

Mailing Address 4300 GLUMACK DRIVE

City  
SAINT PAULState  
MNZip Code  
55111Purpose of Disbursement  
PARKING

002

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

65.12

Transaction ID : SB17.I4572

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ST CROIX COUNTY FAIRGROUNDS**

Mailing Address 210 FAIRGROUND ROAD

City  
GLENWOOD CITYState  
WIZip Code  
54013Purpose of Disbursement  
FOOD/BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

26.77

Transaction ID : SB17.I4550

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC MEDIA PLACEMENT**

Mailing Address 7669 STAGERS LOOP

City  
DELAWAREState  
OHZip Code  
43015-7010Purpose of Disbursement  
MEDIA PLACEMENT

004

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 6 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

125272.50

Transaction ID : SB17.I5547

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

125364.39

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

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

PAGE 44 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. TASTE N GLOW FEST**

Mailing Address PO BOX 1772

City  
WAUSAUState  
WIZip Code  
54402Purpose of Disbursement  
EVENT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.I4560

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TRAILMATES SNOWMOBILE CLUB**

Mailing Address 140813 STETTIN DRIVE

City  
MARATHON CITYState  
WIZip Code  
54448Purpose of Disbursement  
EVENT FEE

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.I4549

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address 1455 MARKET STREET  
4TH FLOORCity  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
GROUND TRANSPORTATION

002

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

98.76

Transaction ID : SB17.I4546

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

158.76

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

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

PAGE 45 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**Mailing Address 1776 WILSON BOULEVARD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD FEES

003

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 2 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

597.39

Transaction ID : SB17.I5555

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**Mailing Address 1776 WILSON BOULEVARD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD FEES

003

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 9 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

794.57

Transaction ID : SB17.I5556

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES**Mailing Address 1776 WILSON BOULEVARD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB17.I5559

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

1396.96

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

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

PAGE 46 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. WISCONSIN FARM TECHNOLOGY DAYS**

Mailing Address EP4574 WESCOTT AVENUE

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 17  |   | 2026    |

City  
STRATFORDState  
WIZip Code  
54484-9552

FEC Identification Number

C

Purpose of Disbursement  
EVENT FEE

001

Amount of Each Disbursement this Period

31.65

Transaction ID : SB17.I4553

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

31.65

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

132148.06

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

PAGE 47 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. ANDERSON, LINDA, , ,**

Mailing Address 1460 QUEEN ROAD

City  
CLENDENINState  
WVZip Code  
25045-9225Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 6 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

22.90

Transaction ID : SB20A.I3530

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ARBOUR, EDGAR, , ,**

Mailing Address 211 NOTTOWAY DRIVE

City  
MANDEVILLEState  
LAZip Code  
70471-1515Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB20A.I3526

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BOLCH, ELLEN, , ,**

Mailing Address 703 DANCY AVENUE

City  
SAVANNAHState  
GAZip Code  
31419-3005Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I3539

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

66.65

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

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

PAGE 48 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. BOLCH, ELLEN, , ,**

Mailing Address 703 DANCY AVENUE

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 08  | 2026    |

City  
SAVANNAHState  
GAZip Code  
31419-3005

FEC Identification Number

C

Purpose of Disbursement  
REFUND

010

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.I3544

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**B. BURGER, CHRIS, , ,**

Mailing Address 1209 10TH AVENUE NORTH

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 01  | 2026    |

City  
NASHVILLEState  
TNZip Code  
37208-3324

FEC Identification Number

C

Purpose of Disbursement  
REFUND

010

Amount of Each Disbursement this Period

500.00

Transaction ID : SB20A.I3373

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Full Name (Last, First, Middle Initial)

**C. G, BRENDA, , ,**

Mailing Address 4401 NARROW LANE ROAD

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 07  | 07  | 2026    |

City  
MONTGOMERYState  
ALZip Code  
36116-2953

FEC Identification Number

C

Purpose of Disbursement  
REFUND

010

Amount of Each Disbursement this Period

19.00

Transaction ID : SB20A.I3542

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

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

544.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. GELL, SANDRA, , ,**

Mailing Address 1510 LESTERFIELD WAY STREET

City  
MIDDLETOWNState  
DEZip Code  
19709Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 7 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.41

Transaction ID : SB20A.I3528

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. GRABER, MERVIN, , ,**

Mailing Address 2420 MOUNT TABOR ROAD

City  
WHITEVILLEState  
TNZip Code  
38075-5010Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

6650.00

Transaction ID : SB20A.I3533

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HEEBNER, HARRY, , ,**

Mailing Address 60 GLENDALE AVENUE

City  
LIVINGSTONState  
NJZip Code  
07039Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 7 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1.90

Transaction ID : SB20A.I3527

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

6662.31

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

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

PAGE 50 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. HEISMAN, ROBERT, , ,**

Mailing Address 337 FLAMINGO LANE

City  
DELRAY BEACHState  
FLZip Code  
33445-1835Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

9.50

Transaction ID : SB20A.I5551

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. IRELAND, ROSS, , ,**

Mailing Address 351 MONTAIR DRIVE

City  
DANVILLEState  
CAZip Code  
94526-3754Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.I3534

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JONES, REBECCA, , ,**

Mailing Address 4536 MAYFLOWER DRIVE

City  
NEW PORT RICHEYState  
FLZip Code  
34652-5145Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1.00

Transaction ID : SB20A.I3541

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

35.50

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 51 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. LUSCHER, NORMAN, , ,**

Mailing Address 2655 NORTH NUGGET LANE

City  
POST FALLSState  
IDZip Code  
83854-8486Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB20A.I3529

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MILLER, BONNIE, , ,**

Mailing Address 13097 TRIPLE CROWN LOOP

City  
GAINESVILLEState  
VAZip Code  
20155-6646Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : SB20A.I3531

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MORELAND, PETER, , ,**

Mailing Address 20 SOUTH BIRDIE LANE

City  
LITTLETONState  
COZip Code  
80123-6607Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 3 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB20A.I3540

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

195.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 52 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. OLOONEY, JOANNE, , ,**

Mailing Address 4650 NORTH DEL MAR AVENUE

City  
FRESNOState  
CAZip Code  
93704-3302Purpose of Disbursement  
REFUND

010

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 01  |   | 2026    |

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : SB20A.I3536

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OLSSON, BETTY, , ,**

Mailing Address 1319 WEST OCEAN AVENUE

City  
LANTANAState  
FLZip Code  
33462-2714Purpose of Disbursement  
REFUND

010

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 14  |   | 2026    |

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB20A.I3525

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PALMER, ANITA, , ,**

Mailing Address 9925 ULMERTON ROAD

City  
LARGOState  
FLZip Code  
33771-4233Purpose of Disbursement  
REFUND

010

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 02  |   | 2026    |

FEC Identification Number

C

Amount of Each Disbursement this Period

23.75

Transaction ID : SB20A.I3537

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

138.75

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

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

PAGE 53 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. RAHILL, JOHN, , ,**

Mailing Address 100 MCAULEY DRIVE

City  
BRIGHTONState  
NYZip Code  
14610Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

10.41

Transaction ID : SB20A.I3532

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. REEVES, GERALDINE, , ,**

Mailing Address 2200 LIVE OAK DRIVE

City  
PORTLANDState  
TXZip Code  
78374-2906Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

43.75

Transaction ID : SB20A.I3524

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SCHOMAKER, SHARON, , ,**

Mailing Address 31 BONNIE LANE

City  
FORT THOMASState  
KYZip Code  
41075-2532Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

11.86

Transaction ID : SB20A.I3538

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

66.02

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

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

PAGE 54 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. TIPTON, DONALD, , ,**

Mailing Address 3818 EAST 63RD STREET

City  
TULSAState  
OKZip Code  
74136-1524Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 7 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

9.75

Transaction ID : SB20A.I3543

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WARREN, STEVE, , ,**

Mailing Address 1330 MOORHEAD DRIVE

City  
HOUSTONState  
TXZip Code  
77055-4110Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

9.50

Transaction ID : SB20A.I3535

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

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

19.25

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

7727.48

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

PAGE 55 OF 55

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

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NAME OF COMMITTEE (In Full)

Alfonso for Congress

Full Name (Last, First, Middle Initial)

**A. INTERNATIONAL UNION OF OPERATING ENGINEERS LOCAL 139**Mailing Address N27 W23233 ROUNDY DRIVE  
PO BOX 130City  
PEWAUKEEState  
WIZip Code  
53072-4069Purpose of Disbursement  
REFUND

010

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 2 | 2 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C C00423731

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB20C.I4545

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

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

Disbursement For:

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

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
|   |   |   |   |   |   |   |   |   |   |

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1000.00

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

1000.00