

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

LONG FOR SENATE 2026

ADDRESS (number and street) PO BOX 573

Check if different than previously reported. (ACC)

EDWARDSVILLE IL 62025

CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER** C C00904516

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

STATE DISTRICT IL 00

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 in the State of

(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 through M M / D D / Y Y Y Y

02 / 26 / 2026 through 03 / 31 / 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 Baker, Harvey, , ,

Signature of Treasurer *Baker, Harvey, , ,* Date M M / D D / Y Y Y Y

04 / 03 / 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.

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

LONG FOR SENATE 2026

Report Covering the Period: From: M M / D D / Y Y Y Y 02 / 26 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	2396.14	22077.07
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2396.14	22077.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	670.08	14555.09
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	670.08	14555.09
8. Cash on Hand at Close of Reporting Period (from Line 27)	1885.28	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	2637.99	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

LONG FOR SENATE 2026

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	678.13	12976.99
(ii) Unitemized.....	1718.01	9100.08
(iii) TOTAL of contributions from individuals ▶	2396.14	22077.07
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2396.14	22077.07
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	2637.99
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2637.99
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)..... ▶	2396.14	24715.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	670.08	14555.09
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	835.17	8274.69
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1505.25	22829.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	994.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2396.14
25. SUBTOTAL (add Line 23 and Line 24).....	3390.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1505.25
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1885.28

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 27
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

A. Full Name (Last, First, Middle Initial)
Hughley, Carolyn, , ,

Mailing Address 1155 W McNichols Rd

City Detroit State MI Zip Code 48203

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 208.96

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 08 / 2026

Transaction ID : SA11AI.5110

Amount of Each Receipt this Period
104.48

Memo Item donation

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

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 26 / 2026

Transaction ID : SA11AI.5120

Amount of Each Receipt this Period
100.00

Memo Item In-kind - Housing

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

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date 900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 27 / 2026

Transaction ID : SA11AI.5121

Amount of Each Receipt this Period
100.00

Memo Item In-kind - housing

SUBTOTAL of Receipts This Page (optional) ▶ 304.48

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 27	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

A. Full Name (Last, First, Middle Initial)
Jackie Sample

Mailing Address 9476 Falling Water Dr East

City Burr Ridge	State IL	Zip Code 60527
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 28 / 2026

Transaction ID : SA11AI.5122

Amount of Each Receipt this Period
100.00

Memo Item
In-kind - housing

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

Mailing Address 1764 Bancroft Dr

City Santa Rosa	State CA	Zip Code 95401
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FEC ID number of contributing federal political committee. **C**

Name of Employer 4G	Occupation Technical PM
------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
287.08

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 15 / 2026

Transaction ID : SA11AI.5117

Amount of Each Receipt this Period
25.00

Memo Item
donation

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

Mailing Address Post Office Box 34

City Energy	State IL	Zip Code 62933
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FEC ID number of contributing federal political committee. **C**

Name of Employer House 2 Home	Occupation Broker/owner
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
208.65

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 01 / 2026

Transaction ID : SA11AI.5059

Amount of Each Receipt this Period
208.65

Memo Item
donation

SUBTOTAL of Receipts This Page (optional)..... ▶	333.65
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 Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 27	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

A. Full Name (Last, First, Middle Initial) Stone, Ernest, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 28 / 2026	
Mailing Address 702 Snowberry Ct Apt C			Transaction ID : SA11AI.5058	
City Essex	State MD	Zip Code 21221	Amount of Each Receipt this Period _____ 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item donation	
Name of Employer Anne Arunder County Government		Occupation Inspection		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 226.35		

B. Full Name (Last, First, Middle Initial) Tetrycz, John, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 27 / 2026	
Mailing Address 1854 N Dayton St			Transaction ID : SA11AI.5243	
City Chicago	State IL	Zip Code 60614	Amount of Each Receipt this Period _____ 15.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item donation	
Name of Employer retired		Occupation retired		
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 265.00		

C. Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address				
City	State	Zip Code	Amount of Each Receipt this Period _____	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer		Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____		

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 40.00
TOTAL This Period (last page this line number only)..... ▶	_____ 678.13

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 27	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)
A. Jackie Sample

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement In-kind - Housing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 26 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.5125

Memo Item

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

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement In-kind - housing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 27 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.5124

Memo Item

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

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement In-kind - housing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 28 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.5123

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 300.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Officemax/Depot		M M / D D / Y Y Y Y 03 / 10 / 2026	
Mailing Address 220 Junction Dr		FEC Identification Number	
City Glen Carbon	State IL	Zip Code 62034	C
Purpose of Disbursement marketing		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			221.78
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	Transaction ID : SB17.5201
State: District:		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	221.78
TOTAL This Period (last page this line number only).....▶	521.78

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 02 / 26 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name		Transaction ID : SB21.5126
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name		Transaction ID : SB21.5127
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 8.65
Candidate Name		Transaction ID : SB21.5128
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	12.35
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.5129
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name	Category/ Type	Transaction ID : SB21.5130
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name	Category/ Type	Transaction ID : SB21.5131
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name	Category/ Type	Transaction ID : SB21.5132
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.30
Candidate Name	Category/ Type	Transaction ID : SB21.5133
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name	Category/ Type	Transaction ID : SB21.5134
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	11.18
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 27			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.5135
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.5136
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.5137
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 0.73
Candidate Name	Category/ Type	Transaction ID : SB21.5138
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.30
Candidate Name	Category/ Type	Transaction ID : SB21.5139
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.5140
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4.38
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026	
Mailing Address 1340 Poydras Street Suite 1770			FEC Identification Number C	
City New Orleans	State LA	Zip Code 70112	Amount of Each Disbursement this Period 2.40	
Purpose of Disbursement fee		Category/ Type	Transaction ID : SB21.5141	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Anedot			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026	
Mailing Address 1340 Poydras Street Suite 1770			FEC Identification Number C	
City New Orleans	State LA	Zip Code 70112	Amount of Each Disbursement this Period 1.35	
Purpose of Disbursement fee		Category/ Type	Transaction ID : SB21.5142	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Anedot			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026	
Mailing Address 1340 Poydras Street Suite 1770			FEC Identification Number C	
City New Orleans	State LA	Zip Code 70112	Amount of Each Disbursement this Period 4.30	
Purpose of Disbursement fee		Category/ Type	Transaction ID : SB21.5143	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	8.05
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.5144
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.5145
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.5146
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement MM / DD / YYYY 03 / 06 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.5147
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement MM / DD / YYYY 03 / 06 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.5148
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 03 / 06 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.5149
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement MM / DD / YYYY 03 / 07 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name	Category/ Type	Transaction ID : SB21.5150
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement MM / DD / YYYY 03 / 07 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name	Category/ Type	Transaction ID : SB21.5151
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 03 / 07 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name	Category/ Type	Transaction ID : SB21.5152
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	13.44
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement MM / DD / YYYY 03 / 08 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 0.73
Candidate Name	Category/ Type	Transaction ID : SB21.5153
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement MM / DD / YYYY 03 / 08 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name	Category/ Type	Transaction ID : SB21.5154
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 03 / 11 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.5155
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6.56
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement MM / DD / YYYY 03 / 12 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name	Category/ Type	Transaction ID : SB21.5156
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement MM / DD / YYYY 03 / 15 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.5157
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 03 / 16 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.5158
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 21 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Casey's		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address 1725 P J Keller Hwy		FEC Identification Number C
City Lexington	State IL	Zip Code 61753
Purpose of Disbursement travel gas	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 44.94	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.5196
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Chick- fil-A		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement travel food	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 12.67	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.5194
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Chick- fil-A		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement travel food	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 7.98	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.5195
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	65.59
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 27			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Chick- fil-A		M M / D D / Y Y Y Y 03 / 16 / 2026
Mailing Address		FEC Identification Number
City	State	Zip Code
Purpose of Disbursement travel food		<input type="checkbox"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	9.50
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB21.5235
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Circle K		M M / D D / Y Y Y Y 02 / 27 / 2026
Mailing Address		FEC Identification Number
City	State	Zip Code
Normal	IL	
Purpose of Disbursement travel gas		<input type="checkbox"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	32.47
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB21.5161
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Holiday Inn Express & Suites		M M / D D / Y Y Y Y 03 / 09 / 2026
Mailing Address 222 Gore Road		FEC Identification Number
City	State	Zip Code
Morris	IL	60450
Purpose of Disbursement travel lodging		<input type="checkbox"/>
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	140.97
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB21.5197
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	182.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 27
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

A. IL Tollway-Ipass

Full Name (Last, First, Middle Initial)

Mailing Address P.O.Box 1412

City Downers Grove State IL Zip Code 60515

Purpose of Disbursement travel toll

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 30 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 42.80

Transaction ID : SB21.5242

Memo Item

B. Shell Oil

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement travel gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 43.07

Transaction ID : SB21.5187

Memo Item

C. Shell Oil

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement travel gas

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 27.47

Transaction ID : SB21.5234

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 113.34

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Shell Oil		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 16 / 2026
Mailing Address		FEC Identification Number
City	State	Zip Code
Purpose of Disbursement travel gas		<input type="text"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text"/> 38.72
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB21.5236
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Shell Oil		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 16 / 2026
Mailing Address		FEC Identification Number
City	State	Zip Code
Purpose of Disbursement travel gas		<input type="text"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text"/> 45.23
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB21.5237
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Shell Oil		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 18 / 2026
Mailing Address		FEC Identification Number
City	State	Zip Code
Purpose of Disbursement travel gas		<input type="text"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	<input type="text"/> 2.01
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB21.5238
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/> 85.96
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 27	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Shell Oil		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 18 / 2026
Mailing Address		FEC Identification Number
City	State	<input type="text"/> C <input type="text"/>
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
	travel gas	<input type="text"/> 26.20
Candidate Name	Category/Type	Transaction ID : SB21.5239
Office Sought:	Disbursement For: 2026	<input type="checkbox"/> Memo Item
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Shell Oil		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 18 / 2026
Mailing Address		FEC Identification Number
City	State	<input type="text"/> C <input type="text"/>
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
	travel gas	<input type="text"/> 35.57
Candidate Name	Category/Type	Transaction ID : SB21.5240
Office Sought:	Disbursement For: 2026	<input type="checkbox"/> Memo Item
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Vibe		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 23 / 2026
Mailing Address 131 Varick Street		FEC Identification Number
City	State	<input type="text"/> C <input type="text"/>
Zip Code	Purpose of Disbursement	Amount of Each Disbursement this Period
New York	travel fuel	<input type="text"/> 1.38
NY	10013	Transaction ID : SB21.5241
Candidate Name	Category/Type	<input type="checkbox"/> Memo Item
Office Sought:	Disbursement For: 2026	
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	
<input type="checkbox"/> President		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/> 63.15
TOTAL This Period (last page this line number only).....▶	<input type="text"/> 592.12

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4381**
LONG FOR SENATE 2026

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
LONG, PAMELA, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address P O Box 573		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City EDWARDSVILLE	State IL	ZIP Code 62025
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	1500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 07 / 2025	M M / D D / Y Y Y Y 11/17/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	1500.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4380**
LONG FOR SENATE 2026

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2026
LONG, PAMELA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address P O Box 573			<input type="checkbox"/> General
City EDWARDSVILLE			<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 62025	<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1137.99	0.00	1137.99

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 29 / 2025	M M / D D / Y Y Y Y 11/17/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	1137.99
TOTALS This Period (last page in this line only).....▶	2637.99

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