

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

TRUTH IN CONGRESS

ADDRESS (number and street)

7132 SORENSON CIRCLE

Check if different than previously reported. (ACC)

DALLAS

TX

75227

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼

C C00797316

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

STATE ▼ DISTRICT

TX

05

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 03 / 03 / 2026 in the State of TX

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

01 / 01 / 2026 through 02 / 11 / 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 Torres, Ruth, , ,

Signature of Treasurer

Torres, Ruth, , ,

Date

02 / 12 / 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								
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SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name
TRUTH IN CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 02 / 11 / 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))	350.00	888.18
(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))	350.00	888.18
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7485.60	10369.61
(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))	7485.60	10369.61
8. Cash on Hand at Close of Reporting Period (from Line 27)	1512.97	
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)	28040.14	

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

TRUTH IN CONGRESS

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).....	350.00	350.00
(ii) Unitemized.....	0.00	538.18
(iii) TOTAL of contributions from individuals ▶	350.00	888.18
(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))..	350.00	888.18
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	10000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	10000.00
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)..... ▶	350.00	10888.18

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.....	7485.60	10369.61
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7485.60	10369.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	8648.57
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	350.00
25. SUBTOTAL (add Line 23 and Line 24).....	8998.57
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7485.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1512.97

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 23
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
TRUTH IN CONGRESS

A. Full Name (Last, First, Middle Initial)
Thompson, Norris, , ,

Mailing Address 175 McGarity Dr

City McDonough State GA Zip Code 30252

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

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
02 / 01 / 2026

Transaction ID : SA11AI.4338

Amount of Each Receipt this Period
250.00

Memo Item Contribution

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

Mailing Address 5400 Nottinghamshire Lane

City Westerville State OH Zip Code 43081

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 30 / 2026

Transaction ID : SA11AI.4337

Amount of Each Receipt this Period
100.00

Memo Item Contribution

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item Contribution

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	350.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TRUTH IN CONGRESS

Full Name (Last, First, Middle Initial) A. Alamo Car Rental		Date of Disbursement MM / DD / YYYY 01 / 19 / 2026
Mailing Address 600 Corporate Park Dr		FEC Identification Number C C00797316
City St. Louis	State OH	Zip Code 63105
Purpose of Disbursement Car Rental	Category/ Type 002	Amount of Each Disbursement this Period 247.66
Candidate Name TRUTH IN CONGRESS	Office Sought: <input checked="" 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: TX	District: 05	Transaction ID : SB17.4294 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. American Airlines		Date of Disbursement MM / DD / YYYY 01 / 15 / 2026
Mailing Address 1 Skyview Drive		FEC Identification Number C C00797316
City Fort Worth	State TX	Zip Code 76155
Purpose of Disbursement Travel	Category/ Type 002	Amount of Each Disbursement this Period 394.00
Candidate Name TRUTH IN CONGRESS	Office Sought: <input checked="" 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: TX	District: 05	Transaction ID : SB17.4297 <input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. COSTCO WHSE		Date of Disbursement MM / DD / YYYY 01 / 16 / 2026
Mailing Address 1225 State HWY 276		FEC Identification Number C C00797316
City Rockwall	State TX	Zip Code 75032
Purpose of Disbursement Parade Supplies	Category/ Type 007	Amount of Each Disbursement this Period 255.93
Candidate Name TRUTH IN CONGRESS	Office Sought: <input checked="" 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: TX	District: 05	Transaction ID : SB17.4314 <input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	897.59
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 7 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TRUTH IN CONGRESS

Full Name (Last, First, Middle Initial) A. COSTCO WHSE			Date of Disbursement MM / DD / YYYY 01 / 18 / 2026
Mailing Address 1225 State HWY 276			FEC Identification Number C C00797316
City Rockwall	State TX	Zip Code 75032	Amount of Each Disbursement this Period 42.14
Purpose of Disbursement In-District Travel		Category/ Type 002	Transaction ID : SB17.4309
Candidate Name TRUTH IN CONGRESS			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: TX District: 05			

Full Name (Last, First, Middle Initial) B. COSTCO WHSE			Date of Disbursement MM / DD / YYYY 02 / 06 / 2026
Mailing Address 1225 State HWY 276			FEC Identification Number C C00797316
City Rockwall	State TX	Zip Code 75032	Amount of Each Disbursement this Period 286.33
Purpose of Disbursement Campaign Supplies		Category/ Type 003	Transaction ID : SB17.4349
Candidate Name TRUTH IN CONGRESS			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: TX District: 05			

Full Name (Last, First, Middle Initial) C. COSTCO WHSE			Date of Disbursement MM / DD / YYYY 02 / 08 / 2026
Mailing Address 1225 State HWY 276			FEC Identification Number C C00797316
City Rockwall	State TX	Zip Code 75032	Amount of Each Disbursement this Period 22.15
Purpose of Disbursement Gas		Category/ Type 004	Transaction ID : SB17.4380
Candidate Name TRUTH IN CONGRESS			<input type="checkbox"/> Memo Item
Office Sought: <input checked="" 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: TX District: 05			

SUBTOTAL of Disbursements This Page (optional).....▶	350.62
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 23	
	<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)
TRUTH IN CONGRESS

Full Name (Last, First, Middle Initial) A. Fiverr		Date of Disbursement MM / DD / YYYY 01 / 05 / 2026
Mailing Address 26 Mercer St		FEC Identification Number C
City New York	State NY	Zip Code 10013
Purpose of Disbursement Ad Graphic Design	Category/Type 004	
Candidate Name	Amount of Each Disbursement this Period 285.51	
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 : SB17.4320 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Fiverr		Date of Disbursement MM / DD / YYYY 01 / 14 / 2026
Mailing Address 26 Mercer St		FEC Identification Number C C00797316
City New York	State NY	Zip Code 10013
Purpose of Disbursement Ad Graphic Design	Category/Type 004	
Candidate Name TRUTH IN CONGRESS	Amount of Each Disbursement this Period 55.75	
Office Sought: <input checked="" 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) ▼	Transaction ID : SB17.4322 <input type="checkbox"/> Memo Item
State: TX District: 05		

Full Name (Last, First, Middle Initial) C. Frontier Airlines		Date of Disbursement MM / DD / YYYY 01 / 22 / 2026
Mailing Address 401 Merritt 7		FEC Identification Number C C00797316
City Norwalk	State CT	Zip Code 06851
Purpose of Disbursement Travel	Category/Type 002	
Candidate Name TRUTH IN CONGRESS	Amount of Each Disbursement this Period 25.21	
Office Sought: <input checked="" 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 : SB17.4300 <input type="checkbox"/> Memo Item
State: TX District: 05		

SUBTOTAL of Disbursements This Page (optional).....▶	366.47
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 23			
	<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)
TRUTH IN CONGRESS

Full Name (Last, First, Middle Initial) A. Frontier Airlines			Date of Disbursement MM / DD / YYYY 02 / 04 / 2026		
Mailing Address 401 Merritt 7			FEC Identification Number C C00797316		
City Norwalk	State CT	Zip Code 06851	Amount of Each Disbursement this Period 30.81		
Purpose of Disbursement Travel		Category/ Type 002	Transaction ID : SB17.4301		
Candidate Name TRUTH IN CONGRESS		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" 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: TX	District: 05				

Full Name (Last, First, Middle Initial) B. Frontier Airlines			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 401 Merritt 7			FEC Identification Number C C00797316		
City Norwalk	State CT	Zip Code 06851	Amount of Each Disbursement this Period 15.41		
Purpose of Disbursement Travel		Category/ Type 002	Transaction ID : SB17.4366		
Candidate Name TRUTH IN CONGRESS		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" 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: TX	District: 05				

Full Name (Last, First, Middle Initial) C. Frontier Airlines			Date of Disbursement MM / DD / YYYY 02 / 11 / 2026		
Mailing Address 401 Merritt 7			FEC Identification Number C C00797316		
City Norwalk	State CT	Zip Code 06851	Amount of Each Disbursement this Period 25.21		
Purpose of Disbursement Travel		Category/ Type 002	Transaction ID : SB17.4378		
Candidate Name TRUTH IN CONGRESS		Memo Item <input type="checkbox"/>			
Office Sought: <input checked="" 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: TX	District: 05				

SUBTOTAL of Disbursements This Page (optional).....▶	71.43
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 23	
	<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)
TRUTH IN CONGRESS

Full Name (Last, First, Middle Initial) A. Hertz Corp			Date of Disbursement MM / DD / YYYY 02 / 10 / 2026	
Mailing Address 8501 Williams Road			FEC Identification Number C C00797316	
City Estero	State FL	Zip Code 33928	Amount of Each Disbursement this Period 275.80	
Purpose of Disbursement Rental Car		Category/ Type 002	Transaction ID : SB17.4374	
Candidate Name TRUTH IN CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: TX District: 05				

Full Name (Last, First, Middle Initial) B. NAACP GARLAND			Date of Disbursement MM / DD / YYYY 02 / 05 / 2026	
Mailing Address 713 Austin St			FEC Identification Number C C00797316	
City Garland	State TX	Zip Code 75040	Amount of Each Disbursement this Period 306.16	
Purpose of Disbursement Winter Ball		Category/ Type 007	Transaction ID : SB17.4327	
Candidate Name TRUTH IN CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: TX District: 05				

Full Name (Last, First, Middle Initial) C. NAACP GARLAND			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 713 Austin St			FEC Identification Number C C00797316	
City Garland	State TX	Zip Code 75040	Amount of Each Disbursement this Period 40.00	
Purpose of Disbursement Donation		Category/ Type 012	Transaction ID : SB17.4370	
Candidate Name TRUTH IN CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: TX District: 05				

SUBTOTAL of Disbursements This Page (optional).....▶	621.96
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 Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 23	
	<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)
TRUTH IN CONGRESS

Full Name (Last, First, Middle Initial)
A. Oak Cliff Print

Mailing Address 734 W Jefferson BLVD

City Dallas State TX Zip Code 75208

Purpose of Disbursement Cards Category/Type 006

Candidate Name TRUTH IN CONGRESS

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: TX District: 05

Date of Disbursement MM / DD / YYYY 02 / 04 / 2026

FEC Identification Number C C00797316

Amount of Each Disbursement this Period 313.92

Transaction ID : SB17.4310

Memo Item

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

Mailing Address 797 N Grove Rd

City Richardson State TX Zip Code 75081

Purpose of Disbursement T-Shirts Category/Type 006

Candidate Name TRUTH IN CONGRESS

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: TX District: 05

Date of Disbursement MM / DD / YYYY 01 / 16 / 2026

FEC Identification Number C C00797316

Amount of Each Disbursement this Period 173.45

Transaction ID : SB17.4303

Memo Item

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

Mailing Address 12920 SE 38th St

City Bellevue State WA Zip Code 98006

Purpose of Disbursement Phone Category/Type 001

Candidate Name TRUTH IN CONGRESS

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼
State: TX District: 05

Date of Disbursement MM / DD / YYYY 01 / 23 / 2026

FEC Identification Number C C00797316

Amount of Each Disbursement this Period 60.00

Transaction ID : SB17.4326

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 547.37

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 23	
	<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)
TRUTH IN CONGRESS

Full Name (Last, First, Middle Initial) A. Trill Photography LLC			Date of Disbursement MM / DD / YYYY 02 / 06 / 2026	
Mailing Address 4714 Maritime Cove			FEC Identification Number C C00797316	
City Garland	State TX	Zip Code 75043	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Photo/ Video Services		Category/ Type 004	Transaction ID : SB17.4350	
Candidate Name TRUTH IN CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: TX	District: 05			

Full Name (Last, First, Middle Initial) B. US Data Corporation			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 11620 Arbor St,			FEC Identification Number C C00797316	
City Omaha	State NE	Zip Code 68144	Amount of Each Disbursement this Period 2087.41	
Purpose of Disbursement Data		Category/ Type 004	Transaction ID : SB17.4368	
Candidate Name TRUTH IN CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: TX	District: 05			

Full Name (Last, First, Middle Initial) C. WAL-MART			Date of Disbursement MM / DD / YYYY 01 / 16 / 2026	
Mailing Address 555 W Intersate 30			FEC Identification Number C C00797316	
City Garland	State TX	Zip Code 75043	Amount of Each Disbursement this Period 293.49	
Purpose of Disbursement Event Supplies		Category/ Type 007	Transaction ID : SB17.4325	
Candidate Name TRUTH IN CONGRESS		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: TX	District: 05			

SUBTOTAL of Disbursements This Page (optional).....▶	2630.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
TRUTH IN CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. WAL-MART		M M / D D / Y Y Y Y 01 / 17 / 2026
Mailing Address 555 W Intersate 30		FEC Identification Number
City Garland	State TX	Zip Code 75043
Purpose of Disbursement Volunteer Gift Cards	Category/ Type 001	
Candidate Name TRUTH IN CONGRESS	Amount of Each Disbursement this Period 400.00	
Office Sought: <input checked="" 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: TX District: 05	Transaction ID : SB17.4330 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. WAL-MART		M M / D D / Y Y Y Y 01 / 18 / 2026
Mailing Address 555 W Intersate 30		FEC Identification Number
City Garland	State TX	Zip Code 75043
Purpose of Disbursement MLK Parade Supplies	Category/ Type 007	
Candidate Name TRUTH IN CONGRESS	Amount of Each Disbursement this Period 125.31	
Office Sought: <input checked="" 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: TX District: 05	Transaction ID : SB17.4306 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. WAL-MART		M M / D D / Y Y Y Y 02 / 07 / 2026
Mailing Address 555 W Intersate 30		FEC Identification Number
City Garland	State TX	Zip Code 75043
Purpose of Disbursement Campaign Supplies	Category/ Type 003	
Candidate Name TRUTH IN CONGRESS	Amount of Each Disbursement this Period 101.47	
Office Sought: <input checked="" 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: TX District: 05	Transaction ID : SB17.4358 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	626.78
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 23	
	<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)
TRUTH IN CONGRESS

Full Name (Last, First, Middle Initial) A. WAL-MART		Date of Disbursement MM / DD / YYYY 02 / 08 / 2026
Mailing Address 555 W Intersate 30		FEC Identification Number C C00797316
City Garland	State TX	Zip Code 75043
Purpose of Disbursement Volunteer Supplies	Category/Type 004	
Candidate Name TRUTH IN CONGRESS	Amount of Each Disbursement this Period 72.78	
Office Sought: <input checked="" 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: TX District: 05	Transaction ID : SB17.4381 <input type="checkbox"/> Memo Item	

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	72.78
TOTAL This Period (last page this line number only).....▶	6185.90

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4107**
TRUTH IN CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
Torres, Ruth, , ,		<input type="checkbox"/> Primary
Mailing Address 3330 N Galloway Ave S304 PMB 131		<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City	State	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Mesquite	TX	
ZIP Code	75150	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	01 / 01 / 2022	01/01/2023		

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).....▶	1000.00
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/10.4108**
TRUTH IN CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2022
Torres, Ruth, , ,			<input type="checkbox"/> Primary
Mailing Address 3330 N Galloway Ave S304 PMB 131			<input checked="" type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Mesquite	TX	75150	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
230.00	0.00	230.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 13 / 2022	01/01/2023	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).....▶	230.00
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/10.4109**
TRUTH IN CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2024
Torres, Ruth, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 3330 N Galloway Ave S304 PMB 131			<input type="checkbox"/> General
City			<input type="checkbox"/> Other (specify) ▼
Mesquite	State TX	ZIP Code 75150	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
800.00	0.00	800.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 01 / 2023	11/06/2024	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).....▶	800.00
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/10.4110**
TRUTH IN CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
Torres, Ruth, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 3330 N Galloway Ave S304 PMB 131		<input type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
Mesquite	State TX	<input checked="" type="checkbox"/> Personal Funds of the Candidate
ZIP Code	75150	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 02 / 2023	11/06/2024	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	Amount Guaranteed Outstanding:
State	
ZIP Code	
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City	Amount Guaranteed Outstanding:
State	
ZIP Code	

SUBTOTALS This Period This Page (optional).....▶	2000.00
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/10.4111**
TRUTH IN CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
Torres, Ruth, , ,		<input type="checkbox"/> Primary
Mailing Address 3330 N Galloway Ave S304 PMB 131		<input checked="" type="checkbox"/> General
City		<input type="checkbox"/> Other (specify) ▼
Mesquite	State TX	<input checked="" type="checkbox"/> Personal Funds of the Candidate
ZIP Code	75150	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 01 / 2024	M M / D D / Y Y Y Y none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4329**
TRUTH IN CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
TRUTH IN CONGRESS			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
7132 SORENSON CIRCLE			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
DALLAS	TX	75227	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 20 / 2025	M M / D D / Y Y Y Y 11/03/2026	% (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).....▶	10000.00
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/10.4112**
TRUTH IN CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
Marsaw, Leonard, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 525 Melody Meadow		<input type="checkbox"/> General
City Rockwall		<input type="checkbox"/> Other (specify) ▼
State TX	ZIP Code 75087	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	02 / 15 / 2024	04/15/2024	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).....▶	5000.00
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/10.4114**
 TRUTH IN CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
Marsaw, Leonard, , ,			<input type="checkbox"/> Primary
Mailing Address 525 Melody Meadow			<input checked="" type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input type="checkbox"/> Personal Funds of the Candidate
Rockwall	TX	75087	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 15 / 2024	04/15/2024	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).....▶	5000.00
TOTALS This Period (last page in this line only).....▶	26530.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

TRUTH IN CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Get Out The Vote

Nature of Debt (Purpose):

Robocalls & Texts

Mailing Address

City

New York

State

NY

Zip Code

Outstanding Balance Beginning This Period

1110.14

Transaction ID : SD10.4259

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1110.14

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Innovative Solutions IT

Nature of Debt (Purpose):

Mailer Design

Mailing Address 10862 Redstone Ct

City

Missouri City

State

TX

Zip Code

77459

Outstanding Balance Beginning This Period

400.00

Transaction ID : SD10.4258

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

1510.14

2) **TOTALS** This Period (last page this line number only)

1510.14

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

26530.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

28040.14