

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Kallas for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2025 To: M M / D D / Y Y Y Y 09 / 30 / 2025

	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))....	1563.00	4229.95
(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))	1563.00	4229.95
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7374.51	10752.19
(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))	7374.51	10752.19
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1203.03	
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)	8000.00	

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

Kallas for 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).....	300.00	1325.00
(ii) Unitemized.....	1263.00	2458.50
(iii) TOTAL of contributions from individuals ▶	1563.00	3783.50
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	446.45
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1563.00	4229.95
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	8000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	8000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.03
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1563.00	12229.98

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.....	7374.51	10752.19
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	274.76
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7374.51	11026.95

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7014.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1563.00
25. SUBTOTAL (add Line 23 and Line 24).....	8577.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7374.51
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1203.03

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

Form/Schedule: F3A

Transaction ID :

Amending to exclude duplicate transactions reported.

Form/Schedule:

Transaction ID:

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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)
Kallas for Congress

A. Full Name (Last, First, Middle Initial)
Oberg, Linda, , ,

Mailing Address 448 S. Cherry street

City: Itasca State: IL Zip Code: 60143

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: 07 / 21 / 2025

Transaction ID : A-102

Amount of Each Receipt this Period: 250.00

Memo Item

Earmark via ActBlue on 2025-07-27

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

Mailing Address PO Box 441146

City: Somerville State: MA Zip Code: 02144

FEC ID number of contributing federal political committee: C C00401224

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1916.00

Date of Receipt: 07 / 27 / 2025

Transaction ID : A-102CM

Amount of Each Receipt this Period: 299.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

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

Mailing Address 448 S. Cherry street

City: Itasca State: IL Zip Code: 60143

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 ▼
300.00

Date of Receipt: 08 / 23 / 2025

Transaction ID : A-135

Amount of Each Receipt this Period: 50.00

Memo Item

Earmark via ActBlue on 2025-08-24

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

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

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)
Kallas for Congress

A. Full Name (Last, First, Middle Initial)
ActBlue

Mailing Address PO Box 441146

City Somerville State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2390.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 24 / 2025

Transaction ID : A-135CM

Amount of Each Receipt this Period
50.00

Memo Item

Earmarked-Conduit Details. Conduit Contribution Limit not affected.

B. 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

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

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	300.00

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 8 OF 13	
	<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)
Kallas for Congress

Full Name (Last, First, Middle Initial)

A. Integrated Solutions: Political

Mailing Address 4142 Adams Avenue
Suite 103-550

City San Diego State CA Zip Code 92116

Purpose of Disbursement Compliance Software Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 07 / 02 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 475.00

Transaction ID : B-31

Memo Item

Full Name (Last, First, Middle Initial)

B. Integrated Solutions: Political

Mailing Address 4142 Adams Avenue
Suite 103-550

City San Diego State CA Zip Code 92116

Purpose of Disbursement Compliance Software Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 08 / 04 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 250.00

Transaction ID : B-143

Memo Item

Full Name (Last, First, Middle Initial)

C. Integrated Solutions: Political

Mailing Address 4142 Adams Avenue
Suite 103-550

City San Diego State CA Zip Code 92116

Purpose of Disbursement Compliance Software Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 09 / 03 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 250.00

Transaction ID : B-166

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 975.00

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 13	
	<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)
Kallas for Congress

Full Name (Last, First, Middle Initial) A. NGP Van Inc			Date of Disbursement MM / DD / YYYY 07 / 17 / 2025	
Mailing Address 655 15th Street Northwest #650			FEC Identification Number C	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 420.00	
Purpose of Disbursement Voter Database		Category/ Type 001	Transaction ID : B-127	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. NGP Van Inc			Date of Disbursement MM / DD / YYYY 08 / 04 / 2025	
Mailing Address 655 15th Street Northwest #650			FEC Identification Number C	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 420.00	
Purpose of Disbursement Voter Database		Category/ Type 001	Transaction ID : B-144	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. NGP Van Inc			Date of Disbursement MM / DD / YYYY 09 / 05 / 2025	
Mailing Address 655 15th Street Northwest #650			FEC Identification Number C	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 420.00	
Purpose of Disbursement Voter Database		Category/ Type 001	Transaction ID : B-167	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1260.00
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 10 OF 13	
	<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)
Kallas for Congress

Full Name (Last, First, Middle Initial)

A. Sole Strategies

Mailing Address 4315 50th Street Northwest
Suite 100 Unit #2619

City Washington State DC Zip Code 20016

Purpose of Disbursement Fundraising Consulting Category/Type 003

Candidate Name

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

State: District:

Date of Disbursement 07 / 10 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 3000.00

Transaction ID : B-86

Memo Item

Full Name (Last, First, Middle Initial)

B. Sunrise Political Solutions, Inc

Mailing Address PO BOX 1004

City La Mesa State CA Zip Code 91944

Purpose of Disbursement Compliance Services Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 07 / 07 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 487.50

Transaction ID : B-90

Memo Item

Full Name (Last, First, Middle Initial)

C. Sunrise Political Solutions, Inc

Mailing Address PO BOX 1004

City La Mesa State CA Zip Code 91944

Purpose of Disbursement Compliance Services Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 08 / 04 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 425.00

Transaction ID : B-145

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 3912.50

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 13	
	<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)
Kallas for Congress

Full Name (Last, First, Middle Initial) A. Sunrise Political Solutions, Inc			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2025	
Mailing Address PO BOX 1004			FEC Identification Number C	
City La Mesa	State CA	Zip Code 91944	Amount of Each Disbursement this Period 375.00	
Purpose of Disbursement Compliance Services		Category/ Type 001	Transaction ID : B-169	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. The Blue Deal LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 20 / 2025	
Mailing Address 2810 Dorr Avenue Ste S			FEC Identification Number C	
City Fairfax	State VA	Zip Code 20598	Amount of Each Disbursement this Period 751.50	
Purpose of Disbursement Yard Signs		Category/ Type 006	Transaction ID : B-146	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

SUBTOTAL of Disbursements This Page (optional).....▶	1126.50
TOTAL This Period (last page this line number only).....▶	7274.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : C-45**
 Kallas for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Kallas, Christ, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 256 Central Avenue #72039		<input type="checkbox"/> General
City Roselle		<input type="checkbox"/> Other (specify) ▼
State IL	ZIP Code 60172	<input checked="" 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:
	M M / D D / Y Y Y Y 05 / 23 / 2025	M M / D D / Y Y Y Y	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 : C-29**
Kallas for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2026
Kallas, Christ, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 256 Central Avenue #72039			<input type="checkbox"/> General
City			<input type="checkbox"/> Other (specify) ▼
Roselle	State IL	ZIP Code 60172	<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 23 / 2025		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).....▶	3000.00
TOTALS This Period (last page in this line only).....▶	8000.00

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