

FEC  
FORM 3REPORT 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

FRIENDS OF AMATA

ADDRESS (number and street)

POST OFFICE BOX 6171

Check if different than previously reported. (ACC)

PAGO PAGO

AS

96799

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00393041

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

AS

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 10

/ D 01

/ Y 2025

through

M 12

/ D 31

/ Y 2025

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 Usle, Michael, Lawrence, Mr., Sr.Signature of Treasurer Usle, Michael, Lawrence, Mr., Sr.

Date

M 01

/ D 18

/ Y 2026

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

Office Use Only

FEC FORM 3  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**FRIENDS OF AMATA**

Report Covering the Period: From:

M	M	10	/	D	D	01	/	Y	Y	Y	Y
---	---	----	---	---	---	----	---	---	---	---	---

To:

M	M	12	/	D	D	31	/	Y	Y	Y	Y
---	---	----	---	---	---	----	---	---	---	---	---

**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)) ....
- (b) Total Contribution Refunds  
(from Line 20(d)) .....
- (c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

4300.00	15590.00
0.00	0.00
4300.00	15590.00

## 7. Net Operating Expenditures

- (a) Total Operating Expenditures  
(from Line 17) .....
- (b) Total Offsets to Operating  
Expenditures (from Line 14).....
- (c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

3584.97	10910.00
0.00	0.00
3584.97	10910.00

8. Cash on Hand at Close of  
Reporting Period (from Line 27).....

930.71
--------

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) .....

0.00
------

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

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF AMATA

Report Covering the Period: From:

M M 10 / D D 01 / Y Y Y 2025

To:

M M 12 / D D 31 / Y Y Y 2025

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

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

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A) .....
  - (ii) Unitemized .....
  - (iii) TOTAL of contributions from individuals .....
- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs) .....
- (d) The Candidate .....
- (e) TOTAL CONTRIBUTIONS (other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d)) .....

3300.00	13965.00
0.00	625.00
3300.00	14590.00
0.00	0.00
1000.00	1000.00
0.00	0.00
4300.00	15590.00

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

0.00	0.00
------	------

## 13. LOANS:

- (a) Made or Guaranteed by the Candidate .....
- (b) All Other Loans .....
- (c) TOTAL LOANS  
(add Lines 13(a) and (b)) .....

0.00	0.00
0.00	0.00
0.00	0.00

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

0.00	0.00
------	------

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

0.00	0.00
------	------

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

4300.00	15590.00
---------	----------

## 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.....	3584.97	10910.00
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	3000.00
<b>22. TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	<b>3584.97</b>	<b>13910.00</b>

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	215.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4300.00
25. SUBTOTAL (add Line 23 and Line 24).....	4515.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3584.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	930.71

**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 10

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

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NAME OF COMMITTEE (In Full)

**FRINEDS OF AMATA**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Williams, Michael, , ,</p> <p>Mailing Address 4103 Seminary Rd</p> <p>City Alexandria State VA Zip Code 22304</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer William LFPLC Occupation Lawyer</p> <p>Receipt For: 2026</p> <p><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p> <p>6000.00</p>		<p>Date of Receipt</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>10</td><td></td><td></td><td>03</td><td></td><td></td><td>2025</td><td></td><td></td><td></td></tr> </table> <p>Transaction ID : SA11AI.8690</p> <p>Amount of Each Receipt this Period</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td>3300.00</td></tr> </table> <p><input type="checkbox"/> Memo Item</p> <p>Contribution</p>	M	M	/	D	D	/	Y	Y	Y	Y	10			03			2025				3300.00
M	M	/	D	D	/	Y	Y	Y	Y														
10			03			2025																	
3300.00																							
<p><b>B.</b> Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>		<p>Date of Receipt</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Amount of Each Receipt this Period</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td></td></tr> </table> <p><input type="checkbox"/> Memo Item</p>	M	M	/	D	D	/	Y	Y	Y	Y											
M	M	/	D	D	/	Y	Y	Y	Y														
<p><b>C.</b> Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation</p> <p>Receipt For:</p> <p><input type="checkbox"/> Primary <input type="checkbox"/> General</p> <p>Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>		<p>Date of Receipt</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table> <p>Amount of Each Receipt this Period</p> <table style="margin-left: auto; margin-right: auto;"> <tr><td></td></tr> </table> <p><input type="checkbox"/> Memo Item</p>	M	M	/	D	D	/	Y	Y	Y	Y											
M	M	/	D	D	/	Y	Y	Y	Y														
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ►</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<table style="margin-left: auto; margin-right: auto;"> <tr><td>3300.00</td></tr> <tr><td></td></tr> <tr><td>3300.00</td></tr> </table>	3300.00		3300.00																		
3300.00																							
3300.00																							

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

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

FOR LINE NUMBER: PAGE 6 OF 10

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF AMATA

<p><b>A.</b> Full Name (Last, First, Middle Initial) RAPTOR PAC</p> <p>Mailing Address PO BOX 4864</p> <p>City MIDLAND State TX Zip Code 79704</p> <p>FEC ID number of contributing federal political committee. <b>C</b> C00749481</p> <p>Name of Employer      Occupation</p> <p>Receipt For: 2026  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>		<p>Date of Receipt  <input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y  12 19 2025</p> <p>Transaction ID : SA11C.8712</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City      State      Zip Code</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer      Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>		<p>Date of Receipt  <input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <p>City      State      Zip Code</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer      Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼</p>		<p>Date of Receipt  <input type="checkbox"/> M M / <input type="checkbox"/> D D / <input type="checkbox"/> Y Y Y Y Y</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p><b>SUBTOTAL</b> of Receipts This Page (optional)..... ►</p> <p><b>TOTAL</b> This Period (last page this line number only) .....</p>		<p>1000.00</p> <p>1000.00</p>

**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 10  
 17 18 19a 19b  
 20a 20b 20c 21

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<b>NAME OF COMMITTEE (In Full)</b> <b>FRIENDS OF AMATA</b>	
---	--

Full Name (Last, First, Middle Initial)

<b>A. Adobe</b>  Mailing Address 345 Park Avenue			Date of Disbursement M M 12 / D D 31 / Y Y Y Y Y  FEC Identification Number <b>C</b> C00393041  Amount of Each Disbursement this Period 209.97  Transaction ID : SB17.8691  Memo Item	
City San Jose		State CA Zip Code 95110		
Purpose of Disbursement Software				Category/ Type 001
Candidate Name FRIENDS OF AMATA				
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 Other (specify) ▼			
State: AS District: 00				

Full Name (Last, First, Middle Initial)

<b>B. AMATA, AUMUA, , ,</b>  Mailing Address PO BOX 6171			Date of Disbursement M M 10 / D D 29 / Y Y Y Y Y  FEC Identification Number <b>C</b> C00393041  Amount of Each Disbursement this Period 28.58  Transaction ID : SB17.8694  Memo Item	
City PAGO PAGO		State AS Zip Code 96799		
Purpose of Disbursement Office Supplies				Category/ Type 001
Candidate Name FRIENDS OF AMATA				
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 Other (specify) ▼			
State: AS District: 00				

Full Name (Last, First, Middle Initial)

<b>C. AMATA, AUMUA, , ,</b>  Mailing Address PO BOX 6171			Date of Disbursement M M 10 / D D 30 / Y Y Y Y Y  FEC Identification Number <b>C</b> C00393041  Amount of Each Disbursement this Period 104.95  Transaction ID : SB17.8695  Memo Item	
City PAGO PAGO		State AS Zip Code 96799		
Purpose of Disbursement Reimbursement for Misc Office Supplies				Category/ Type 001
Candidate Name FRIENDS OF AMATA				
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 Other (specify) ▼			
State: AS District: 00				

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

343.50

**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 8 OF 10  
 17 18 19a 19b  
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

FRIENDS OF AMATA

Full Name (Last, First, Middle Initial)

A. AMATA, AUMUA, , ,

Mailing Address PO BOX 6171

 City  
 PAGO PAGO

 State  
 AS

 Zip Code  
 96799

 Purpose of Disbursement  
 Reimbursement for small contribution

011

 Candidate Name  
 FRIENDS OF AMATA

 Category/  
 Type

 Office Sought:  House

Senate

President

Disbursement For: 2026

 Primary

 General

Other (specify) ▼

State: AS

District: 00

Date of Disbursement

 M M / D D / Y Y Y Y Y  
 10 30 2025

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

464.00

Transaction ID : SB17.8720

Memo Item

Full Name (Last, First, Middle Initial)

B. AMATA, AUMUA, , ,

Mailing Address PO BOX 6171

 City  
 PAGO PAGO

 State  
 AS

 Zip Code  
 96799

 Purpose of Disbursement  
 Reimbursement for misc expenses while traveling

002

 Candidate Name  
 FRIENDS OF AMATA

 Category/  
 Type

 Office Sought:  House

Senate

President

Disbursement For: 2026

 Primary

 General

Other (specify) ▼

State: AS

District: 00

Date of Disbursement

 M M / D D / Y Y Y Y Y  
 11 03 2025

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

504.95

Transaction ID : SB17.8718

Memo Item

Full Name (Last, First, Middle Initial)

C. AMATA, AUMUA, , ,

Mailing Address PO BOX 6171

 City  
 PAGO PAGO

 State  
 AS

 Zip Code  
 96799

 Purpose of Disbursement  
 Reimbursement for political contributions

011

 Candidate Name  
 FRIENDS OF AMATA

 Category/  
 Type

 Office Sought:  House

Senate

President

Disbursement For: 2026

 Primary

 General

Other (specify) ▼

State: AS

District: 00

Date of Disbursement

 M M / D D / Y Y Y Y Y  
 11 04 2025

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

1009.90

Transaction ID : SB17.8719

Memo Item

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

1978.85

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 10  
 17 18 19a 19b  
 20a 20b 20c 21

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<b>NAME OF COMMITTEE (In Full)</b> <b>FRIENDS OF AMATA</b>	
---	--

Full Name (Last, First, Middle Initial) <b>A. AMATA, AUMUA, , ,</b> Mailing Address PO BOX 6171  City PAGO PAGO      State AS      Zip Code 96799  Purpose of Disbursement Reimbursement: Office Supplies      Category/ <span style="border: 1px solid black; padding: 2px;">004</span>  Candidate Name FRIENDS OF AMATA      Category/ <span style="border: 1px solid black; padding: 2px;">Type</span>  Office Sought: <input checked="" type="checkbox"/> House      Disbursement For: 2026 <input type="checkbox"/> Senate <input type="checkbox"/> General <input type="checkbox"/> President      Other (specify) ▼  State: AS      District: 00		Date of Disbursement <span style="border: 1px solid black; padding: 2px;">M M 11 / D D 28 / Y Y Y Y Y 2025</span>  FEC Identification Number <span style="border: 1px solid black; padding: 2px;">C C00393041</span>  Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; text-align: right;">28.54</span>  Transaction ID : SB17.8710 <span style="border: 1px solid black; padding: 2px;">Memo Item</span>
Full Name (Last, First, Middle Initial) <b>B. AMATA, AUMUA, , ,</b> Mailing Address PO BOX 6171  City PAGO PAGO      State AS      Zip Code 96799  Purpose of Disbursement Reimbursement for small misc supplies      Category/ <span style="border: 1px solid black; padding: 2px;">002</span>  Candidate Name FRIENDS OF AMATA      Category/ <span style="border: 1px solid black; padding: 2px;">Type</span>  Office Sought: <input checked="" type="checkbox"/> House      Disbursement For: 2026 <input type="checkbox"/> Senate <input type="checkbox"/> General <input type="checkbox"/> President      Other (specify) ▼  State: AS      District: 00		Date of Disbursement <span style="border: 1px solid black; padding: 2px;">M M 12 / D D 31 / Y Y Y Y Y 2025</span>  FEC Identification Number <span style="border: 1px solid black; padding: 2px;">C C00393041</span>  Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; text-align: right;">253.75</span>  Transaction ID : SB17.8715 <span style="border: 1px solid black; padding: 2px;">Memo Item</span>
Full Name (Last, First, Middle Initial) <b>C. Amata Coleman Radewagen</b> Mailing Address P.O. Box 6171  City Pago Pago      State AS      Zip Code 96799  Purpose of Disbursement Reimbursement for small misc purchases      Category/ <span style="border: 1px solid black; padding: 2px;">002</span>  Candidate Name FRIENDS OF AMATA      Category/ <span style="border: 1px solid black; padding: 2px;">Type</span>  Office Sought: <input checked="" type="checkbox"/> House      Disbursement For: 2026 <input type="checkbox"/> Senate <input type="checkbox"/> General <input type="checkbox"/> President      Other (specify) ▼  State: AS      District: 00		Date of Disbursement <span style="border: 1px solid black; padding: 2px;">M M 12 / D D 04 / Y Y Y Y Y 2025</span>  FEC Identification Number <span style="border: 1px solid black; padding: 2px;">C C00393041</span>  Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; text-align: right;">304.95</span>  Transaction ID : SB17.8717 <span style="border: 1px solid black; padding: 2px;">Memo Item</span>
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ►		<span style="border: 1px solid black; padding: 2px; text-align: right;">587.24</span>
<b>TOTAL</b> This Period (last page this line number only)..... ►		<span style="border: 1px solid black; padding: 2px; text-align: right;">587.24</span>

# 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)

17  18  19a  19b  
20a 20b 20c 21

PAGE 10 OF 10

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NAME OF COMMITTEE (In Full)
FRIENDS OF AMATA

Full Name (Last, First, Middle Initial)

### A. Wells Fargo Bank

Mailing Address PO Box 6995

City  
Portland

State  
OR

Zip Code  
97228

Purpose of Disbursement  
Bank fee: Internatioma;

001

Candidate Name  
FRIENDS OF AMATA

Category/  
Type

Office Sought:  House  
Senate  
President

Disbursement For: 2026  
 Primary  General  
Other (specify) ▼

State: AS District: 00

Date of Disbursement

M M 10 /  D D 31 /  Y Y Y Y Y 2025

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

7.09

Transaction ID : SB17.8699

Memo Item

Full Name (Last, First, Middle Initial)

### B. Wells Fargo Bank

Mailing Address PO Box 6995

City  
Portland

State  
OR

Zip Code  
97228

Purpose of Disbursement  
Bank service charge

001

Candidate Name  
FRIENDS OF AMATA

Category/  
Type

Office Sought:  House  
Senate  
President

Disbursement For: 2026  
 Primary  General  
Other (specify) ▼

State: AS District: 00

Date of Disbursement

M M 11 /  D D 03 /  Y Y Y Y Y 2025

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

21.00

Transaction ID : SB17.8696

Memo Item

Full Name (Last, First, Middle Initial)

### C. Wells Fargo Bank

Mailing Address PO Box 6995

City  
Portland

State  
OR

Zip Code  
97228

Purpose of Disbursement  
Bank fees

001

Candidate Name  
FRIENDS OF AMATA

Category/  
Type

Office Sought:  House  
Senate  
President

Disbursement For: 2026  
 Primary  General  
Other (specify) ▼

State: AS District: 00

Date of Disbursement

M M 12 /  D D 31 /  Y Y Y Y Y 2025

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

31.00

Transaction ID : SB17.8702

Memo Item

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

59.09

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

2968.68