



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**SHERI BIGGS FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2026 To: M M / D D / Y Y Y Y 05 / 20 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	17884.05	344938.42
(b) Total Contribution Refunds (from Line 20(d)) .....	9.04	4489.67
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	17875.01	340448.75
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	53931.19	376550.49
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	5829.96
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	53931.19	370720.53
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	174494.83	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	395000.00	

**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

**SHERI BIGGS FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	351.03	67726.62
(ii) Unitemized.....	533.02	5736.30
(iii) TOTAL of contributions from individuals ▶	884.05	73462.92
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	17000.00	271475.50
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	17884.05	344938.42
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	88408.97
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	5829.96
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	17884.05	439177.35

**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.....	53931.19	376550.49
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 .....	9.04	989.67
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	9.04	4489.67
21. OTHER DISBURSEMENTS .....	500.00	22953.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	54440.23	403993.16

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	211051.01
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17884.05
25. SUBTOTAL (add Line 23 and Line 24).....	228935.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	54440.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	174494.83

# 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 29  
(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)  
**SHERI BIGGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
KIEWIT, SCOTT, D., ,

Mailing Address 33 KIMBERLEY DR

City LAUREL State MS Zip Code 39440

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 ▼  
325.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 04 / 2026

Transaction ID : ADB5DB22F7C8D41A4B97

Amount of Each Receipt this Period  
325.00

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH  
FREEDOM CAUCUS FUND

**B.** Full Name (Last, First, Middle Initial)  
FREEDOM CAUCUS FUND

Mailing Address PO BOX 96006

City WASHINGTON State DC Zip Code 20090-6006

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
620.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 04 / 2026

Transaction ID : A1825DE6D70664B6ABB4

Amount of Each Receipt this Period  
325.00

Memo Item  
INTERMEDIARY  
TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

**C.** Full Name (Last, First, Middle Initial)  
KINNEY, WILLIAM T, , ,

Mailing Address 672 HAMPTON DR

City NORTH AUGUSTA State SC Zip Code 29860

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 ▼  
218.65

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2026

Transaction ID : A596AFBFDAFCC4B95860

Amount of Each Receipt this Period  
26.03

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 351.03

**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 6 OF 29  
(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)  
**SHERI BIGGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
WINRED

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
16711.08

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 19 / 2026

Transaction ID : A3114F1E6C8D849729E3

Amount of Each Receipt this Period  
26.03

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC 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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	351.03

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 29	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)  
**SHERI BIGGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN CRYSTAL SUGAR COMPANY PAC

Mailing Address 101 NORTH 3RD STREET

City MOORHEAD	State MN	Zip Code 56560-1952
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00110338

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 21 / 2026

**Transaction ID : A9A75E28A505F4376935**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN CRYSTAL SUGAR COMPANY PAC

Mailing Address 101 NORTH 3RD STREET

City MOORHEAD	State MN	Zip Code 56560-1952
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00110338

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 21 / 2026

**Transaction ID : AD01F5B376FAE444CA1F**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Mailing Address 174 N CAROLINA AVE SE

City WASHINGTON	State DC	Zip Code 20003-1841
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00503680

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 21 / 2026

**Transaction ID : A875838E176EB4BBEA65**

Amount of Each Receipt this Period  
2000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	7000.00
<b>TOTAL</b> 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 8 OF 29  
(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)  
**SHERI BIGGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
MICHIGAN SUGAR COMPANY GROWERS PAC

Mailing Address 122 UPTOWN DR  
UNIT 300

City BAY CITY State MI Zip Code 48708-5627

FEC ID number of contributing federal political committee. **C** C00384354

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  
05 / 07 / 2026

Transaction ID : AFBF8DE4253EC48FC957

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF REALTORS PAC

Mailing Address 430 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-4011

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 23 / 2026

Transaction ID : A018E2E6CF10F49B1A6A

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
RAPTOR PAC

Mailing Address PO BOX 4864

City MIDLAND State TX Zip Code 79704-4864

FEC ID number of contributing federal political committee. **C** C00749481

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 16 / 2026

Transaction ID : A673B22F3511A49EDB3A

Amount of Each Receipt this Period  
5000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 8000.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 29  
(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)  
**SHERI BIGGS FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
RAPTOR PAC

Mailing Address PO BOX 4864

City MIDLAND State TX Zip Code 79704-4864

FEC ID number of contributing federal political committee. **C** C00749481

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 16 / 2026

Transaction ID : **AB0940222E9084DA18F9**

Amount of Each Receipt this Period  
- 3000.00

Memo Item  
REDESIGNATION FROM

**B.** Full Name (Last, First, Middle Initial)  
RAPTOR PAC

Mailing Address PO BOX 4864

City MIDLAND State TX Zip Code 79704-4864

FEC ID number of contributing federal political committee. **C** C00749481

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
8000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 16 / 2026

Transaction ID : **A50F513165AD84393A05**

Amount of Each Receipt this Period  
3000.00

Memo Item  
REDESIGNATION TO

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

Mailing Address 824 S MILLEDGE AVE STE 101

City ATHENS State GA Zip Code 30606

FEC ID number of contributing federal political committee. **C** C00689208

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
05 / 05 / 2026

Transaction ID : **ADE661230D5BE4393A76**

Amount of Each Receipt this Period  
2000.00

Memo Item

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

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

2000.00

17000.00

# 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 10 OF 29	
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement MM / DD / YYYY 05 / 01 / 2026
Mailing Address 200 VESEY STREET		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10285-1000
Purpose of Disbursement CREDIT CARD PAYMENT	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1598.43
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 : BD2B2A5AD3CE24CBA82E
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. FILOMENA RISTORANTE</b>		Date of Disbursement MM / DD / YYYY 04 / 01 / 2026
Mailing Address 1063 WISCONSIN AVE NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20007-3635
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 520.37
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 : B2513D45114604C099D8
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. GIVEBUTTER -HAVEN OF REST</b>		Date of Disbursement MM / DD / YYYY 04 / 08 / 2026
Mailing Address 2810 N CHURCH ST		FEC Identification Number C
City WILMINGTON	State DE	Zip Code 19802-4447
Purpose of Disbursement DONATION	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period 500.00
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 : BFC5AE8D8E25F40B2877
State: District:	<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1598.43
<b>TOTAL</b> 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 29	
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MASTROS</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026
Mailing Address 600 13TH ST NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20005-3003
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 284.70	
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 : B301B0267241648D18AA
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. ARISTOTLE INTERNATIONAL INC.</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2026
Mailing Address PO BOX 716045		FEC Identification Number C
City PHILADELPHIA	State PA	Zip Code 19171-6045
Purpose of Disbursement DATABASE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 2400.00	
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 : BF7C6BDC322F844DFB5A
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AXCAPITAL, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2026
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C
City KANSAS CITY	State MO	Zip Code 64112-1244
Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 2055.00	
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 : B5A1776EFE943468FAA8
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4455.00
<b>TOTAL</b> 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 29			
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. AXCAPITAL, LLC</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2026
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C
City KANSAS CITY	State MO	Zip Code 64112-1244
Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 500.00	
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 : B94A499A8B83145CF834
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AXCAPITAL, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 18 / 2026
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C
City KANSAS CITY	State MO	Zip Code 64112-1244
Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 255.00	
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 : BABC1CD383C3A47749CA
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. AXCAPITAL, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 19 / 2026
Mailing Address 800 W 47TH ST STE 200		FEC Identification Number C
City KANSAS CITY	State MO	Zip Code 64112-1244
Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 2055.00	
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 : BF0F3E6CEF05543C8BD2
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2810.00
<b>TOTAL</b> 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 29	
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BATTLEFIELD LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026	
Mailing Address 12 MADISON STREET			FEC Identification Number C	
City DURHAM	State CT	Zip Code 06422-2907	Amount of Each Disbursement this Period 8000.00	
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type 001	Transaction ID : BC8E5538F4BBE4601B03	
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>B. BATTLEFIELD LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2026	
Mailing Address 12 MADISON STREET			FEC Identification Number C	
City DURHAM	State CT	Zip Code 06422-2907	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type 001	Transaction ID : BBD29A2A6BDC345CAA33	
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>C. CAPITOL HILL CLUB</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026	
Mailing Address 300 1ST ST SE			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 332.30	
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : B82C08CC87A834585847	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14332.30
<b>TOTAL</b> 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 29	
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. CAPITOL HILL CLUB</b>			Date of Disbursement MM / DD / YYYY 04 / 17 / 2026
Mailing Address 300 1ST ST SE			FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 395.26
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : B1BBD0045CA9D4EF7A4C
Candidate Name		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>B. CAPITOL HILL CLUB</b>			Date of Disbursement MM / DD / YYYY 04 / 20 / 2026
Mailing Address 300 1ST ST SE			FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 271.03
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : B272847CDDB0D4440895
Candidate Name		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

Full Name (Last, First, Middle Initial) <b>C. CAPITOL HILL CLUB</b>			Date of Disbursement MM / DD / YYYY 05 / 18 / 2026
Mailing Address 300 1ST ST SE			FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1801	Amount of Each Disbursement this Period 600.77
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : B0B4892C94524452695A
Candidate Name		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1267.06
<b>TOTAL</b> 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 29	
	<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)  
**SHERI BIGGS FOR CONGRESS**

**A. SAME DAY PROCESSING**

Full Name (Last, First, Middle Initial)  
Mailing Address 502 6TH ST

City HUDSON State WI Zip Code 54016-1783

Purpose of Disbursement CAGING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 02 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 36.75

Transaction ID : B73A781429A244C2B905

Memo Item

**B. SAME DAY PROCESSING**

Full Name (Last, First, Middle Initial)  
Mailing Address 502 6TH ST

City HUDSON State WI Zip Code 54016-1783

Purpose of Disbursement CAGING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 24 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 40.00

Transaction ID : BEDBAE68021CA462FBEE

Memo Item

**C. SAME DAY PROCESSING**

Full Name (Last, First, Middle Initial)  
Mailing Address 502 6TH ST

City HUDSON State WI Zip Code 54016-1783

Purpose of Disbursement CAGING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement: 05 / 06 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 19.25

Transaction ID : B7120F771F6984EEAB6F

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 96.00

**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 16 OF 29	
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. SANTA ROSA TAQUERIA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026
Mailing Address 301 PENNSYLVANIA AVE SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1148
Purpose of Disbursement EVENT FOOD AND BEVERAGE		001
Candidate Name		Amount of Each Disbursement this Period 2333.93
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) ▼	<b>Transaction ID : B396C237B9CE74C5B832</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. THE JOURNAL</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 106 W MAIN ST		FEC Identification Number C
City WILLIAMSTON	State SC	Zip Code 29697-1404
Purpose of Disbursement OFFICE SUBSCRIPTIONS		001
Candidate Name		Amount of Each Disbursement this Period 15.99
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) ▼	<b>Transaction ID : B5A659D417896482C88F</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. THE TOWNSEND GROUP</b>		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 2308 MT VERNON AVE STE 707		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22301-1328
Purpose of Disbursement FUNDRAISING CONSULTING		001
Candidate Name		Amount of Each Disbursement this Period 7625.48
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) ▼	<b>Transaction ID : BD0984F004749449AA4B</b>
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9975.40
<b>TOTAL</b> 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 29			
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TRUESAFE STORAGE</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2026
Mailing Address 3541 S CHESTATEE			FEC Identification Number C
City DAHLONEGA	State GA	Zip Code 30533-7153	Amount of Each Disbursement this Period 141.00
Purpose of Disbursement OFFICE SUBSCRIPTIONS		Category/ Type	Transaction ID : BF39E0900A4DE48009BB
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>B. TRUESAFE STORAGE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026
Mailing Address 3541 S CHESTATEE			FEC Identification Number C
City DAHLONEGA	State GA	Zip Code 30533-7153	Amount of Each Disbursement this Period 141.00
Purpose of Disbursement OFFICE SUBSCRIPTIONS		Category/ Type	Transaction ID : B51CA6219F6524E4FB53
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>C. TRUESAFE STORAGE</b>			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026
Mailing Address 3541 S CHESTATEE			FEC Identification Number C
City DAHLONEGA	State GA	Zip Code 30533-7153	Amount of Each Disbursement this Period 15.99
Purpose of Disbursement OFFICE SUBSCRIPTIONS		Category/ Type	Transaction ID : B1EC42CB444804E98AD3
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	297.99
<b>TOTAL</b> 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 29			
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. TURCOTTE CONSULTING</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026		
Mailing Address 27 CUSHNOC DR			FEC Identification Number C		
City AUGUSTA	State ME	Zip Code 04330-5923	Amount of Each Disbursement this Period 4735.99		
Purpose of Disbursement DIGITAL CONSULTING		Category/ Type 001	Transaction ID : B44B1A54E54334FC2A24		
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>B. UBER.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2026		
Mailing Address 1725 3RD ST			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94158-2203	Amount of Each Disbursement this Period 30.83		
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B48851398B8C2417B944		
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>C. UBER.COM</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2026		
Mailing Address 1725 3RD ST			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94158-2203	Amount of Each Disbursement this Period 31.99		
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : BF9BF244B47EB409F8C1		
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4798.81
<b>TOTAL</b> 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 29			
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UBER.COM</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2026
Mailing Address 1725 3RD ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158-2203
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 23.98	
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 : B7947BAA45C5C4B0ABE0
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. UBER.COM</b>		Date of Disbursement MM / DD / YYYY 04 / 29 / 2026
Mailing Address 1725 3RD ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158-2203
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 4.00	
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 : B852B41EA75C7417387A
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. UBER.COM</b>		Date of Disbursement MM / DD / YYYY 04 / 30 / 2026
Mailing Address 1725 3RD ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158-2203
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 15.98	
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 : BCA1E73993A99495D9A5
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	43.96
<b>TOTAL</b> 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 29	
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. UBER.COM</b>			Date of Disbursement MM / DD / YYYY 05 / 15 / 2026	
Mailing Address 1725 3RD ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94158-2203	Amount of Each Disbursement this Period 36.98	
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B0F50B64C913C40F1A5B	
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>B. UPT STRATEGIES</b>			Date of Disbursement MM / DD / YYYY 04 / 27 / 2026	
Mailing Address PO BOX 31403			FEC Identification Number C	
City CHARLESTON	State SC	Zip Code 29417-1403	Amount of Each Disbursement this Period 14161.67	
Purpose of Disbursement CAMPAIGN CONSULTING AND MEDIA PLACEMENT		Category/ Type 001	Transaction ID : BC5CDC8D5FE544CC68B2	
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>C. USPS</b>			Date of Disbursement MM / DD / YYYY 05 / 15 / 2026	
Mailing Address 475 L'ENFANT PLAZA SW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20260-0004	Amount of Each Disbursement this Period 6.08	
Purpose of Disbursement POSTAGE AND DELIVERY		Category/ Type 001	Transaction ID : BC15D17DBD0A149F8B83	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	14204.73
<b>TOTAL</b> 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 29			
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2026
Mailing Address 1776 WILSON BLVD			FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209-2515	Amount of Each Disbursement this Period 0.06
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : BEF674E1898D54C56B00
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2026
Mailing Address 1776 WILSON BLVD			FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209-2515	Amount of Each Disbursement this Period 0.66
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : BA221F72350BF437C80A
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2026
Mailing Address 1776 WILSON BLVD			FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209-2515	Amount of Each Disbursement this Period 0.84
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : BC1F533D85D074293923
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1.56
<b>TOTAL</b> 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 29	
	<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)  
**SHERI BIGGS FOR CONGRESS**

**A. WINRED TECHNICAL SERVICES, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2515

Purpose of Disbursement CREDIT CARD FEES  001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.30

Transaction ID : B60C0D18BB18F4CFBB10

Memo Item

**B. WINRED TECHNICAL SERVICES, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2515

Purpose of Disbursement CREDIT CARD FEES  001

Candidate Name

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

State: District:

Date of Disbursement: 04 / 30 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.20

Transaction ID : B8CF759A0AEEA4B3396F

Memo Item

**C. WINRED TECHNICAL SERVICES, LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1776 WILSON BLVD

City ARLINGTON State VA Zip Code 22209-2515

Purpose of Disbursement CREDIT CARD FEES  001

Candidate Name

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

State: District:

Date of Disbursement: 05 / 07 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 4.39

Transaction ID : B64B8B75F97B34216BB9

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 8.89

**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 29	
	<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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2026
Mailing Address 1776 WILSON BLVD		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209-2515
Purpose of Disbursement CREDIT CARD FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 1.59	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B6A011D5ECA114B25962
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES, LLC</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2026
Mailing Address 1776 WILSON BLVD		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209-2515
Purpose of Disbursement CREDIT CARD FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 5.04	
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 : BFE8F69C667AC4A39960
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</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) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6.63
<b>TOTAL</b> This Period (last page this line number only).....▶	53896.76

# 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 29	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" 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)  
**SHERI BIGGS FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ANDERSON COUNTY REPUBLICAN PARTY</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2026
Mailing Address 384 GRAHAM RD		FEC Identification Number C
City ANDERSON	State SC	Zip Code 29625-5617
Purpose of Disbursement DONATIONS	Category/Type 012	
Candidate Name	Amount of Each Disbursement this Period 500.00	
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:	Transaction ID : BB7A30AF043DF485AAAE <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
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	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **SHERI BIGGS FOR CONGRESS** Transaction ID : CAB4CBCB56EBA49A4932

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>BIGGS, SHERI, , ,</b>		Election: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ RUNOFF
Mailing Address PO BOX 2685		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City ANDERSON	State SC	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 20 / 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 State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	50000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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) **SHERI BIGGS FOR CONGRESS** Transaction ID : **C03FE55CA1CED4B0AA77**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
BIGGS, SHERI, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 2685			<input type="checkbox"/> General
City ANDERSON		State SC	<input type="checkbox"/> Other (specify) ▼
ZIP Code 29622-2685		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	0.00	100000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	01 / 18 / 2024	12 / 31 / 1969	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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	100000.00
<b>TOTALS</b> 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) **SHERI BIGGS FOR CONGRESS** Transaction ID : CA44886F053464DC0B68

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>BIGGS, SHERI, , ,</b>		Election: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 2685		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City ANDERSON	State SC	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
150000.00	0.00	150000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 28 / 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 State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	150000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	<input type="text"/>

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) **SHERI BIGGS FOR CONGRESS** Transaction ID : **C8084F3B73E374874A2D**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
BIGGS, SHERI, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 2685			<input type="checkbox"/> General
City ANDERSON		State SC	<input type="checkbox"/> Other (specify) ▼
ZIP Code 29622-2685		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
30000.00	0.00	30000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	05 / 24 / 2024	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 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	30000.00
<b>TOTALS</b> 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) **SHERI BIGGS FOR CONGRESS** Transaction ID : **C5A147CE632A24B92BC6**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <b>BIGGS, SHERI, , ,</b>		Election: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 2685		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City ANDERSON	State SC	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
65000.00	0.00	65000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 07 / 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 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	65000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	395000.00

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