

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Montanans for Tester

ADDRESS (number and street)

PO Box 1135

Check if different
than previously
reported. (ACC)

Helena

MT

59624

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00412304

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Debruycker, Brett, , ,

Signature of Treasurer

Debruycker, Brett, , ,

Date

M M /

D D /

Y Y Y Y

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

Montanans for Tester

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 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))	0.00	4366507.27
(b) Total Contribution Refunds (from Line 20(d))	25141.62	1761999.77
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 25141.62	2604507.50
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	93702.62	88468765.17
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	261433.03
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	93702.62	88207332.14
8. Cash on Hand at Close of Reporting Period (from Line 27)	647908.55	
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.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Montanans for Tester

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025**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).....

0.00

11150.00

(ii) Unitemized

0.00

11872.86

(iii) TOTAL of contributions
from individuals ▶

0.00

23022.86

(b) Political Party Committees.....

0.00

61171.43

(c) Other Political Committees
(such as PACs)

0.00

4282312.98

(d) The Candidate

0.00

0.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

4366507.27

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

484.95

5367886.97

13. LOANS:

(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

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

0.00

261433.03

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

384.20

78713.72

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

869.15

10074540.99

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.....	93702.62	88468765.17
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	3739092.56
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	22641.62	1723699.77
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	2500.00	38300.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	25141.62	1761999.77
21. OTHER DISBURSEMENTS	0.00	799855.87
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	118844.24	94769713.37

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	765883.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	869.15
25. SUBTOTAL (add Line 23 and Line 24).....	766752.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	118844.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	647908.55

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 240

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☒ 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)

Montanans for Tester

Full Name (Last, First, Middle Initial)
Majority 2024

Mailing Address PO Box 65322

City
WashingtonState
DCZip Code
20035-5322FEC ID number of contributing
federal political committee.

C C00873737

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

48222.74

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 30 2025

Transaction ID : 24876192

Amount of Each Receipt this Period

22.74

☐ Memo Item

Final Transfer. Allocations Previously Reported

Full Name (Last, First, Middle Initial)
TESTER VICTORY FUND

Mailing Address PO Box 558

City
BillingsState
MTZip Code
59103-0558FEC ID number of contributing
federal political committee.

C C00547679

Name of Employer

Occupation

Receipt For: 2024

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3618428.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 13 2025

Transaction ID : 25598699

Amount of Each Receipt this Period

462.21

☐ Memo Item

Final Transfer. Allocations previously reported.

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)..... ►

484.95

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

484.95

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 240

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

First Interstate Bank

A.

Mailing Address PO Box 30918

City

Billings

State

MT

Zip Code

59116-0918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

56104.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	5

Transaction ID : 25598689

Amount of Each Receipt this Period

132.27

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

First Interstate Bank

Mailing Address PO Box 30918

City

Billings

State

MT

Zip Code

59116-0918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

56223.92

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	5

Transaction ID : 25598690

Amount of Each Receipt this Period

119.53

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

First Interstate Bank

Mailing Address PO Box 30918

City

Billings

State

MT

Zip Code

59116-0918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2024

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

56356.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

Transaction ID : 25598691

Amount of Each Receipt this Period

132.40

☐ Memo Item

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

384.20

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

384.20

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Beau Wright

Mailing Address PO Box 1135

City
HelenaState
MTZip Code
59624-1135Purpose of Disbursement
Reimbursement (vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

206.23

Transaction ID : 500421355

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Costco

Mailing Address 2330 US Highway 93 N

City
KalispellState
MTZip Code
59901-2547Purpose of Disbursement
Ground Transportation

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

206.23

Transaction ID : 500421361

☒ Memo Item *

Full Name (Last, First, Middle Initial)

C. Blue Summit Solutions

Mailing Address 9374 E 60th Ave

City
DenverState
COZip Code
80238-2347Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10523.38

Transaction ID : 500421312

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10729.61

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Blue Summit Solutions

Mailing Address 9374 E 60th Ave

City
DenverState
COZip Code
80238-2347Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

14500.00

Transaction ID : 500421313

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Corine Weiler

Mailing Address PO Box 1135

City
HelenaState
MTZip Code
59624-1135Purpose of Disbursement
Reimbursement (vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

391.26

Transaction ID : 500421358

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Dito Ilc

Mailing Address PO Box 888452

City
Los AngelesState
CAZip Code
90088-0001Purpose of Disbursement
Computer Software

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2484.00

Transaction ID : 500421314

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

17375.26

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Eli Cousin

Mailing Address PO Box 1135

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2025

City
HelenaState
MTZip Code
59624-1135

FEC Identification Number

C

Purpose of Disbursement
Payroll

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3350.00

Transaction ID : 500421315

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Elias Law GroupMailing Address 250 Massachusetts Ave NW
Ste 400

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		21		2025

City
WashingtonState
DCZip Code
20001-5825

FEC Identification Number

C

Purpose of Disbursement
Legal Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

979.20

Transaction ID : 500421316

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. First Interstate Bank

Mailing Address PO Box 30918

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		15		2025

City
BillingsState
MTZip Code
59116-0918

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

31.59

Transaction ID : 500421317

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

4360.79

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

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

Montanans for Tester

A. First Interstate Bank

03 / 14 / 2025

C

Category	Number of people
Number of people who did not go to the cinema	50.38

Memo Item

B. Mastercard

MM / DD / YYYY

C _____

Transaction ID : 500421345

Memo Item

C. Mastercard

MM / DD / YYYY

[illegible]

Age Group	Percentage
18-24	100%
25-34	82.00%
35-44	75.00%
45-54	65.00%
55-64	55.00%
65-74	45.00%
75-84	35.00%
85+	25.00%

Transaction ID : 500421346

Memo Item

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

158.88

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Mastercard

Mailing Address PO Box 31616

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
BillingsState
MTZip Code
59107-1616

FEC Identification Number

C

Purpose of Disbursement

Credit Card Payment (Vendors that aggregate over \$200 listed below)

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

84.00

Transaction ID : 500421347

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Mastercard

Mailing Address PO Box 31616

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
BillingsState
MTZip Code
59107-1616

FEC Identification Number

C

Purpose of Disbursement

Credit Card Payment (Vendors that aggregate over \$200 listed below)

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

396.00

Transaction ID : 500421348

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. UPS*1ZBR0T780315075035

Mailing Address 2212 Grant Rd

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
BillingsState
MTZip Code
59102-7442

FEC Identification Number

C

Purpose of Disbursement

Shipping

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

114.58

Transaction ID : 500421390

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

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

480.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. UPS*1ZBR0T780315075035

Mailing Address 2212 Grant Rd

City
BillingsState
MTZip Code
59102-7442Purpose of Disbursement
Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

114.58

Transaction ID : 500421391

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. UPS*1ZBR0T780315075035

Mailing Address 2212 Grant Rd

City
BillingsState
MTZip Code
59102-7442Purpose of Disbursement
Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

114.58

Transaction ID : 500421392

☒ Memo Item *

Full Name (Last, First, Middle Initial)

C. UPS*1ZBR0T780315075035

Mailing Address 2212 Grant Rd

City
BillingsState
MTZip Code
59102-7442Purpose of Disbursement
Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

52.26

Transaction ID : 500421393

☒ Memo Item ***SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Mastercard

Mailing Address PO Box 31616

City
BillingsState
MTZip Code
59107-1616Purpose of Disbursement
Credit Card Payment (Vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12797.79

Transaction ID : 500421349

☐ Memo Item**B. Eastside Storage**

Mailing Address 777 Carter Dr

City
HelenaState
MTZip Code
59601-9711Purpose of Disbursement
Storage

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

38.50

Transaction ID : 500421402

☒ Memo Item ***C. Eastside Storage**

Mailing Address 777 Carter Dr

City
HelenaState
MTZip Code
59601-9711Purpose of Disbursement
Storage

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

38.50

Transaction ID : 500421403

☒ Memo Item ***SUBTOTAL** of Disbursements This Page (optional).....▶

12797.79

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. FedexMailing Address 2450 King Ave W
Ste DCity
BillingsState
MTZip Code
59102-6496Purpose of Disbursement
Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1550.02

Transaction ID : 500421394

☒ Memo Item ***B. Fedex**Mailing Address 2450 King Ave W
Ste DCity
BillingsState
MTZip Code
59102-6496Purpose of Disbursement
Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

98.67

Transaction ID : 500421395

☒ Memo Item ***C. Fedex**Mailing Address 2450 King Ave W
Ste DCity
BillingsState
MTZip Code
59102-6496Purpose of Disbursement
Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1171.26

Transaction ID : 500421396

☒ Memo Item ***SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. FedexMailing Address 2450 King Ave W
Ste DCity
BillingsState
MTZip Code
59102-6496Purpose of Disbursement
Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

727.84

Transaction ID : 500421397

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. GoogleMailing Address PO Box 390
33181City
San FranciscoState
CAZip Code
94104-0390Purpose of Disbursement
Email Subscription

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

433.00

Transaction ID : 500421398

☒ Memo Item *

Full Name (Last, First, Middle Initial)

C. GoogleMailing Address PO Box 390
33181City
San FranciscoState
CAZip Code
94104-0390Purpose of Disbursement
Email Subscription

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

433.00

Transaction ID : 500421399

☒ Memo Item ***SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Mastercard

Mailing Address PO Box 31616

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
BillingsState
MTZip Code
59107-1616

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

123.72

Transaction ID : 500421401

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. SP CELLAR.COM

Mailing Address 300 Massachusetts Ave NE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
WashingtonState
DCZip Code
20002-5702

FEC Identification Number

C

Purpose of Disbursement
Catering/Meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

214.96

Transaction ID : 500421404

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. SP CELLAR.COM

Mailing Address 300 Massachusetts Ave NE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
WashingtonState
DCZip Code
20002-5702

FEC Identification Number

C

Purpose of Disbursement
Catering/Meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

406.71

Transaction ID : 500421405

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. THE OMELETTE GUYS

Mailing Address 2 Trelawny Ct

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
ColumbiaState
MDZip Code
21044

FEC Identification Number

C

Purpose of Disbursement
Catering/Meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1023.05

Transaction ID : 500421406

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. UberMailing Address 1455 Market St
Fl 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
San FranciscoState
CAZip Code
94103-1355

FEC Identification Number

C

Purpose of Disbursement
Ground Transportation

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

568.65

Transaction ID : 500421408

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. UPS*1ZBR0T780315075035

Mailing Address 2212 Grant Rd

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
BillingsState
MTZip Code
59102-7442

FEC Identification Number

C

Purpose of Disbursement
Shipping

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.65

Transaction ID : 500421409

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. US Senate Restaurants

Mailing Address US Capitol Building room S-110

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
WashingtonState
DCZip Code
20510-0001

FEC Identification Number

C

Purpose of Disbursement
Catering/Meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

317.60

Transaction ID : 500421410

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. US Senate Restaurants

Mailing Address US Capitol Building room S-110

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
WashingtonState
DCZip Code
20510-0001

FEC Identification Number

C

Purpose of Disbursement
Catering/Meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4811.00

Transaction ID : 500421411

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. US Senate Restaurants

Mailing Address US Capitol Building room S-110

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

City
WashingtonState
DCZip Code
20510-0001

FEC Identification Number

C

Purpose of Disbursement
Catering/Meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

27.60

Transaction ID : 500421412

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Whole Foods

Mailing Address 2323 Wisconsin Ave NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2025

City
WashingtonState
DCZip Code
20007-1844

FEC Identification Number

C

Purpose of Disbursement
Catering/Meals

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

571.20

Transaction ID : 500421413

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Mastercard

Mailing Address PO Box 31616

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
BillingsState
MTZip Code
59107-1616

FEC Identification Number

C

Purpose of Disbursement
Credit Card Payment (Vendors that aggregate over \$200 listed below)

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

50.00

Transaction ID : 500421350

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Mastercard

Mailing Address PO Box 31616

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
BillingsState
MTZip Code
59107-1616

FEC Identification Number

C

Purpose of Disbursement
Credit Card Payment (Vendors that aggregate over \$200 listed below)

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2063.98

Transaction ID : 500421351

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

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

2113.98

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Alaska Airlines

Mailing Address 19300 International Blvd

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
SeatacState
WAZip Code
98188-5304

FEC Identification Number

C

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

216.96

Transaction ID : 500421414

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Alaska Airlines

Mailing Address 19300 International Blvd

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
SeatacState
WAZip Code
98188-5304

FEC Identification Number

C

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

216.96

Transaction ID : 500421415

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Alaska Airlines

Mailing Address 19300 International Blvd

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
SeatacState
WAZip Code
98188-5304

FEC Identification Number

C

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

696.55

Transaction ID : 500421416

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Alaska Airlines

Mailing Address 19300 International Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
SeatacState
WAZip Code
98188-5304

FEC Identification Number

C

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

778.55

Transaction ID : 500421417

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Apple.com

Mailing Address 1 Infinite Loop

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
CupertinoState
CAZip Code
95014-2083

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.99

Transaction ID : 500421419

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Apple.com

Mailing Address 1 Infinite Loop

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
CupertinoState
CAZip Code
95014-2083

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.99

Transaction ID : 500421420

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Apple.com

Mailing Address 1 Infinite Loop

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
CupertinoState
CAZip Code
95014-2083

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.99

Transaction ID : 500421421

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Apple.com

Mailing Address 1 Infinite Loop

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
CupertinoState
CAZip Code
95014-2083

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.99

Transaction ID : 500421422

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Apple.com

Mailing Address 1 Infinite Loop

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
CupertinoState
CAZip Code
95014-2083

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.99

Transaction ID : 500421423

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Apple.com

Mailing Address 1 Infinite Loop

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
CupertinoState
CAZip Code
95014-2083

FEC Identification Number

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500421424

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Apple.com

Mailing Address 1 Infinite Loop

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
CupertinoState
CAZip Code
95014-2083

FEC Identification Number

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500421425

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Apple.com

Mailing Address 1 Infinite Loop

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
CupertinoState
CAZip Code
95014-2083

FEC Identification Number

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500421426

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Apple.com

Mailing Address 1 Infinite Loop

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
CupertinoState
CAZip Code
95014-2083

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.99

Transaction ID : 500421427

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Mastercard

Mailing Address PO Box 31616

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
BillingsState
MTZip Code
59107-1616

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

50.00

Transaction ID : 500421418

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Mastercard

Mailing Address PO Box 31616

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
BillingsState
MTZip Code
59107-1616

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.87

Transaction ID : 500421428

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Mastercard

Mailing Address PO Box 31616

City
BillingsState
MTZip Code
59107-1616Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.18

Transaction ID : 500421429

☒ Memo Item ***B. Mastercard**

Mailing Address PO Box 31616

City
BillingsState
MTZip Code
59107-1616Purpose of Disbursement
Credit Card Payment (Vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500421352

☐ Memo Item**C. Mastercard**

Mailing Address PO Box 31616

City
BillingsState
MTZip Code
59107-1616Purpose of Disbursement
Credit Card Payment (Vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4751.18

Transaction ID : 500421353

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

4801.18

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Adobe Systems

Mailing Address 345 Park Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
San JoseState
CAZip Code
95110-2704

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.99

Transaction ID : 500421430

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Adobe Systems

Mailing Address 345 Park Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
San JoseState
CAZip Code
95110-2704

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

89.99

Transaction ID : 500421431

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Adobe Systems

Mailing Address 345 Park Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
San JoseState
CAZip Code
95110-2704

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.99

Transaction ID : 500421432

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Adobe Systems

Mailing Address 345 Park Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
San JoseState
CAZip Code
95110-2704

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

19.99

Transaction ID : 500421433

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Adobe Systems

Mailing Address 345 Park Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
San JoseState
CAZip Code
95110-2704

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.99

Transaction ID : 500421434

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Adobe Systems

Mailing Address 345 Park Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
San JoseState
CAZip Code
95110-2704

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

89.99

Transaction ID : 500421435

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Adobe Systems

Mailing Address 345 Park Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
San JoseState
CAZip Code
95110-2704

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.99

Transaction ID : 500421436

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Adobe Systems

Mailing Address 345 Park Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
San JoseState
CAZip Code
95110-2704

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

19.99

Transaction ID : 500421437

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Adobe Systems

Mailing Address 345 Park Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
San JoseState
CAZip Code
95110-2704

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

89.99

Transaction ID : 500421438

☒ Memo Item *

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Adobe Systems

Mailing Address 345 Park Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
San JoseState
CAZip Code
95110-2704

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.99

Transaction ID : 500421439

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Adobe Systems

Mailing Address 345 Park Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
San JoseState
CAZip Code
95110-2704

FEC Identification Number

C

Purpose of Disbursement
Computer Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

49.99

Transaction ID : 500421440

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ENVATO

Mailing Address PO Box 16122

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

City
BarringtonState
NJZip Code
08007

FEC Identification Number

C

Purpose of Disbursement
Graphic Design

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

39.00

Transaction ID : 500421442

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. ENVATO

Mailing Address PO Box 16122

City
BarringtonState
NJZip Code
08007Purpose of Disbursement
Graphic Design

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

39.00

Transaction ID : 500421443

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. GoogleMailing Address PO Box 390
33181City
San FranciscoState
CAZip Code
94104-0390Purpose of Disbursement
Email Subscription

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

80.16

Transaction ID : 500421444

☒ Memo Item *

Full Name (Last, First, Middle Initial)

C. Mastercard

Mailing Address PO Box 31616

City
BillingsState
MTZip Code
59107-1616Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500421441

☒ Memo Item ***SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Mastercard

Mailing Address PO Box 31616

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
BillingsState
MTZip Code
59107-1616

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.98

Transaction ID : 500421445

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Mastercard

Mailing Address PO Box 31616

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
BillingsState
MTZip Code
59107-1616

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.95

Transaction ID : 500421446

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. PURCO FLEET SERVICES

Mailing Address 136 S Main St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2025

City
Spanish ForkState
UTZip Code
84660-2001

FEC Identification Number

C

Purpose of Disbursement
Ground Transportation

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

915.10

Transaction ID : 500421447

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

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

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. PURCO FLEET SERVICES

Mailing Address 136 S Main St

City
Spanish ForkState
UTZip Code
84660-2001Purpose of Disbursement
Ground Transportation

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3004.10

Transaction ID : 500421448

☒ Memo Item ***B. Mastercard**

Mailing Address PO Box 31616

City
BillingsState
MTZip Code
59107-1616Purpose of Disbursement
Credit Card Payment (Vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500421354

☐ Memo Item**C. NGP VAN, Inc.**

Mailing Address PO Box 392264

City
PittsburghState
PAZip Code
15251-9264Purpose of Disbursement
Fundraising and Compliance Software

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500421319

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

150.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. NGP VAN, Inc.

Mailing Address PO Box 392264

City
PittsburghState
PAZip Code
15251-9264Purpose of Disbursement
Fundraising and Compliance Software

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

210.00

Transaction ID : 500421320

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NGP VAN, Inc.

Mailing Address PO Box 392264

City
PittsburghState
PAZip Code
15251-9264Purpose of Disbursement
Fundraising and Compliance Software

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

35977.50

Transaction ID : 500421321

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nihal Shrinath

Mailing Address PO Box 1135

City
HelenaState
MTZip Code
59624-1135Purpose of Disbursement
Reimbursement (vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

368.81

Transaction ID : 500421357

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

36556.31

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Best Western Billings

Mailing Address 2511 1st Ave N

City
BillingsState
MTZip Code
59101-2320Purpose of Disbursement
Lodging

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

137.11

Transaction ID : 500421383

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. LyftMailing Address 185 Berry St
Ste 5000City
San FranciscoState
CAZip Code
94107-2503Purpose of Disbursement
Ground Transportation

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

62.99

Transaction ID : 500421381

☒ Memo Item *

Full Name (Last, First, Middle Initial)

C. LyftMailing Address 185 Berry St
Ste 5000City
San FranciscoState
CAZip Code
94107-2503Purpose of Disbursement
Ground Transportation

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

63.00

Transaction ID : 500421382

☒ Memo Item ***SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Pam Cote

Mailing Address PO Box 1135

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

City
HelenaState
MTZip Code
59624-1135

FEC Identification Number

C

Purpose of Disbursement
Reimbursement (vendors that aggregate over \$200 listed below)

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

807.95

Transaction ID : 500421359

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Delta Air

Mailing Address PO Box 20706

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

City
AtlantaState
GAZip Code
30320-6001

FEC Identification Number

C

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

807.95

Transaction ID : 500421371

☒ Memo Item *

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Payroll Data ProcessingMailing Address 3501 E Frontage Rd
Ste 350

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

City
TampaState
FLZip Code
33607-1723

FEC Identification Number

C

Purpose of Disbursement
Payroll Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

415.80

Transaction ID : 500421343

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

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

1223.75

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Payroll Data ProcessingMailing Address 3501 E Frontage Rd
Ste 350City
TampaState
FLZip Code
33607-1723Purpose of Disbursement
Payroll Fee

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

150.00

Transaction ID : 500421344

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ryan McManamen

Mailing Address PO Box 1135

City
HelenaState
MTZip Code
59624-1135Purpose of Disbursement
Reimbursement (vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

331.32

Transaction ID : 500421356

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Shelbi Dantic

Mailing Address 2915 2nd Ave S

City
BillingsState
MTZip Code
59101-4022Purpose of Disbursement
Reimbursement (vendors that aggregate over \$200 listed below)

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1052.59

Transaction ID : 500421360

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1533.91

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. HertzMailing Address 1901 Terminal Cir
Ste 10City
BillingsState
MTZip Code
59105-1913Purpose of Disbursement
Ground Transportation

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1052.59

Transaction ID : 500421372

☒ Memo Item *

Full Name (Last, First, Middle Initial)

B. States Made LLCMailing Address 4606 W Jefferson Blvd
Ste BCity
Los AngelesState
CAZip Code
90016-4007Purpose of Disbursement
Printing

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

458.01

Transaction ID : 500421322

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. The Myrna Loy

Mailing Address 15 N Ewing St

City
HelenaState
MTZip Code
59601-4245Purpose of Disbursement
Catering/Meals

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : 500421323

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

708.01

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 2300 N Harris St

City
HelenaState
MTZip Code
59601-9998Purpose of Disbursement
Postage / Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421324

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 2300 N Harris St

City
HelenaState
MTZip Code
59601-9998Purpose of Disbursement
Postage / Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421325

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 2300 N Harris St

City
HelenaState
MTZip Code
59601-9998Purpose of Disbursement
Postage / Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421326

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

5.64

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 2300 N Harris St

City
HelenaState
MTZip Code
59601-9998Purpose of Disbursement
Postage / Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421327

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 2300 N Harris St

City
HelenaState
MTZip Code
59601-9998Purpose of Disbursement
Postage / Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421328

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 2300 N Harris St

City
HelenaState
MTZip Code
59601-9998Purpose of Disbursement
Postage / Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.76

Transaction ID : 500421335

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7.52

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 2300 N Harris St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2025

City
HelenaState
MTZip Code
59601-9998

FEC Identification Number

C

Purpose of Disbursement
Postage / Shipping

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421329

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 2300 N Harris St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		04		2025

City
HelenaState
MTZip Code
59601-9998

FEC Identification Number

C

Purpose of Disbursement
Postage / Shipping

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421330

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 2300 N Harris St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2025

City
HelenaState
MTZip Code
59601-9998

FEC Identification Number

C

Purpose of Disbursement
Postage / Shipping

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421331

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

5.64

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 2300 N Harris St

City
HelenaState
MTZip Code
59601-9998Purpose of Disbursement
Postage / Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421332

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 2300 N Harris St

City
HelenaState
MTZip Code
59601-9998Purpose of Disbursement
Postage / Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.76

Transaction ID : 500421336

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 2300 N Harris St

City
HelenaState
MTZip Code
59601-9998Purpose of Disbursement
Postage / Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421333

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7.52

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 2300 N Harris St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2025

City
HelenaState
MTZip Code
59601-9998

FEC Identification Number

C

Purpose of Disbursement
Postage / Shipping

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421334

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. US Postal Service

Mailing Address 2300 N Harris St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		18		2025

City
HelenaState
MTZip Code
59601-9998

FEC Identification Number

C

Purpose of Disbursement
Postage / Shipping

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

192.00

Transaction ID : 500421337

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. US Postal Service

Mailing Address 2300 N Harris St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
HelenaState
MTZip Code
59601-9998

FEC Identification Number

C

Purpose of Disbursement
Postage / Shipping

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.76

Transaction ID : 500421338

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

197.64

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. US Postal Service

Mailing Address 2300 N Harris St

City
HelenaState
MTZip Code
59601-9998Purpose of Disbursement
Postage / Shipping

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.88

Transaction ID : 500421339

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Verizon Wireless

Mailing Address PO Box 660108

City
DallasState
TXZip Code
75266-0108Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

242.33

Transaction ID : 500421341

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Verizon Wireless

Mailing Address PO Box 660108

City
DallasState
TXZip Code
75266-0108Purpose of Disbursement
Cell Phone

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

122.49

Transaction ID : 500421340

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

366.70

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address PO Box 660108

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
DallasState
TXZip Code
75266-0108

FEC Identification Number

C

Purpose of Disbursement
Cell Phone

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

122.49

Transaction ID : 500421342

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

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

122.49

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

93702.62

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419205

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.50

Transaction ID : 500419206

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419207

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

22.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500419208

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

19.00

Transaction ID : 500419211

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.77

Transaction ID : 500419212

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

49.27

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.77

Transaction ID : 500419213

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.77

Transaction ID : 500419214

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.77

Transaction ID : 500419215

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

53.31

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.77

Transaction ID : 500419216

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419219

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419222

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

37.77

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419229

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419232

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419233

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419234

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Adamson, Carol, , ,

Mailing Address Gumshornsgatan 7

City
StockholmState
ILZip Code
11460Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419235

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

City
Boynton BeachState
FLZip Code
33437-6462Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418501

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

22.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2025

City
Boynton BeachState
FLZip Code
33437-6462

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418502

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2025

City
Boynton BeachState
FLZip Code
33437-6462

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418503

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2025

City
Boynton BeachState
FLZip Code
33437-6462

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418504

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

25.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2025

City
Boynton BeachState
FLZip Code
33437-6462

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418505

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2025

City
Boynton BeachState
FLZip Code
33437-6462

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418506

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2025

City
Boynton BeachState
FLZip Code
33437-6462

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418507

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

City
Boynton BeachState
FLZip Code
33437-6462Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.50

Transaction ID : 500418508

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

City
Boynton BeachState
FLZip Code
33437-6462Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.00

Transaction ID : 500418509

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

City
Boynton BeachState
FLZip Code
33437-6462Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418510

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

City
Boynton BeachState
FLZip Code
33437-6462

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418511

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

City
Boynton BeachState
FLZip Code
33437-6462

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418512

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

City
Boynton BeachState
FLZip Code
33437-6462

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418513

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

13.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

City
Boynton BeachState
FLZip Code
33437-6462Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418514

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

City
Boynton BeachState
FLZip Code
33437-6462Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418515

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

City
Boynton BeachState
FLZip Code
33437-6462Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418516

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

28.00

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

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

Montanans for Tester

A. Bailey, Stephen, , ,



C

10.00

Memo Item

B. Bailey, Stephen, , ,

MM / DD / YYYY

C

Age	Number of people
0-10	1.00
11-20	1.00
21-30	1.00
31-40	1.00
41-50	1.00
51-60	1.00
61-70	1.00
71-80	1.00
81-90	1.00
91-100	10.00

Transaction ID : 500418518

C. Bailey, Stephen, , ,

MM / DD / YYYY

C

10.00

☐ Primary ☒ General
☐ Other (specify) _____

30.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

City
Boynton BeachState
FLZip Code
33437-6462Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418520

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

City
Boynton BeachState
FLZip Code
33437-6462Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418521

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

City
Boynton BeachState
FLZip Code
33437-6462Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.50

Transaction ID : 500418522

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

19.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Bailey, Stephen, , ,

Mailing Address 7285 Haviland Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		06		2025

City
Boynton BeachState
FLZip Code
33437-6462

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418523

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Barnett, Don, , ,

Mailing Address 532 Douglass St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
San FranciscoState
CAZip Code
94114-2728

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : 500417173

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
San Miguel De AllendState
TNZip Code
37774

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.00

Transaction ID : 500419611

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

2506.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 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)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500419612

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500419613

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500419614

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

7.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500419615

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500419616

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419617

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419618

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419619

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419620

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419621

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419622

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419623

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419624

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419625

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419626

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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 PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419627

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419628

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419629

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419630

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419631

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒ Primary	☐ General	
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419632

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419633

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419634

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419635

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419636

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419637

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419638

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419640

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419641

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419642

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419643

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419644

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419647

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419649

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419667

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419668

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500419669

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.90

Transaction ID : 500419670

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500419671

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

10.90

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Brown-Johnson, Linda, , ,

Mailing Address San Gamaliel #87

City
San Miguel De AllendState
TNZip Code
37774Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419672

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

City
HoustonState
TXZip Code
77062-6105Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418242

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

City
HoustonState
TXZip Code
77062-6105Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418243

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

17.50

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

City
HoustonState
TXZip Code
77062-6105

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6.00

Transaction ID : 500418244

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

City
HoustonState
TXZip Code
77062-6105

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418245

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

City
HoustonState
TXZip Code
77062-6105

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418246

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

21.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

City
HoustonState
TXZip Code
77062-6105Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418247

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

City
HoustonState
TXZip Code
77062-6105Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.00

Transaction ID : 500418248

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

City
HoustonState
TXZip Code
77062-6105Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418249

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

28.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

City
HoustonState
TXZip Code
77062-6105Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418250

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

City
HoustonState
TXZip Code
77062-6105Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418251

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

City
HoustonState
TXZip Code
77062-6105Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418252

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Chase, Barbara, , ,

Mailing Address 2007 Mermaid Ln

City
HoustonState
TXZip Code
77062-6105Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6.00

Transaction ID : 500418253

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christensen, Pamela, , ,

Mailing Address 118 E 93rd St

City
New YorkState
NYZip Code
10128-1663Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418561

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chu, Annie, , ,

Mailing Address 1710 Makiki St

City
HonoluluState
HIZip Code
96822-4489Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418636

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

28.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Chu, Annie, , ,

Mailing Address 1710 Makiki St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	5

City
HonoluluState
HIZip Code
96822-4489

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1	5	0	0						
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Transaction ID : 500418637

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Chu, Annie, , ,

Mailing Address 1710 Makiki St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	5

City
HonoluluState
HIZip Code
96822-4489

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1	0	0							
---	---	---	--	--	--	--	--	--	--

Transaction ID : 500418638

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Chu, Annie, , ,

Mailing Address 1710 Makiki St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	5

City
HonoluluState
HIZip Code
96822-4489

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	5	0	0						
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Transaction ID : 500418639

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

5	0	0							
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TOTAL This Period (last page this line number only).....▶

5	0	0							
---	---	---	--	--	--	--	--	--	--

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Chu, Annie, , ,

Mailing Address 1710 Makiki St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	5

City
HonoluluState
HIZip Code
96822-4489

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

30.00

Transaction ID : 500418640

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Chu, Annie, , ,

Mailing Address 1710 Makiki St

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	5

City
HonoluluState
HIZip Code
96822-4489

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418641

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Collins, Donna, , ,

Mailing Address 13002 Roy Road

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

City
PearlandState
TXZip Code
77581

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.00

Transaction ID : 500419566

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

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

52.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : 500419567

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : 500419568

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : 500419569

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

36.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : 500419570

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : 500419571

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : 500419572

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

36.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : 500419573

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : 500419574

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : 500419575

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

36.00

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : 500419576

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500419583

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500419585

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

112.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500419586

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500419587

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500419588

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

150.00

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500419589

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500419590

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500419591

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

150.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500419592

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500419594

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500419595

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

200.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

38.00

Transaction ID : 500419596

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500419597

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.77

Transaction ID : 500419598

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

80.77

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : 500419599

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500419601

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Collins, Donna, , ,

Mailing Address 13002 Roy Road

City
PearlandState
TXZip Code
77581Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500419602

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

450.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : 500418258

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418261

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418262

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

57.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

14.00

Transaction ID : 500418263

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418265

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.33

Transaction ID : 500418266

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

34.83

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418268

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418275

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.50

Transaction ID : 500418259

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

41.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 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)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418260

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6.00

Transaction ID : 500418264

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418267

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

31.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

16.67

Transaction ID : 500418269

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418270

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

16.67

Transaction ID : 500418271

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

58.34

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418272

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.92

Transaction ID : 500418273

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6.00

Transaction ID : 500418274

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

16.92

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Delp, Robert, O, ,

Mailing Address 1401 13th Ave S

City
Great FallsState
MTZip Code
59405-4701Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418276

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dunn, Jonathan, , ,

Mailing Address 59 Ripley St

City
Newton CentreState
MAZip Code
02459-2210Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418608

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Evoy, Joanne, , ,

Mailing Address 13180 Portofino Dr

City
Del MarState
CAZip Code
92014-3828Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : 500418569

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

45.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 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)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Evoy, Joanne, , ,

Mailing Address 13180 Portofino Dr

City
Del MarState
CAZip Code
92014-3828Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418573

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Evoy, Joanne, , ,

Mailing Address 13180 Portofino Dr

City
Del MarState
CAZip Code
92014-3828Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418568

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Evoy, Joanne, , ,

Mailing Address 13180 Portofino Dr

City
Del MarState
CAZip Code
92014-3828Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418570

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

75.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 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)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Evoy, Joanne, , ,

Mailing Address 13180 Portofino Dr

City
Del MarState
CAZip Code
92014-3828Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418571

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Evoy, Joanne, , ,

Mailing Address 13180 Portofino Dr

City
Del MarState
CAZip Code
92014-3828Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	8	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418572

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Felder, Jeff, , ,

Mailing Address 5521 Birchview Ln

City
CamarilloState
CAZip Code
93012-5503Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	1	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : 500418674

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

300.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Felder, Jeff, , ,

Mailing Address 5521 Birchview Ln

City
CamarilloState
CAZip Code
93012-5503Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500418675

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Felder, Jeff, , ,

Mailing Address 5521 Birchview Ln

City
CamarilloState
CAZip Code
93012-5503Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500418676

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Felder, Jeff, , ,

Mailing Address 5521 Birchview Ln

City
CamarilloState
CAZip Code
93012-5503Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : 500418673

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

350.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Fenderson, Caroline, , ,

Mailing Address 29 Freshwater Dr

City
Palm HarborState
FLZip Code
34684-1106Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500417915

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Fitzmorris, Ty, , ,

Mailing Address 1718 W Far View Ln

City
PrescottState
AZZip Code
86305-2208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3300.00

Transaction ID : 500417165

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Furches, Lee, , ,

Mailing Address 6301 30th St N

City
ArlingtonState
VAZip Code
22207-1174Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : 500418697

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

3575.00

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 PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

Date of Disbursement

M M	D D	Y Y Y Y
03	24	2025

City
BerlinState
TNZip Code
12161Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418796

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

Date of Disbursement

M M	D D	Y Y Y Y
03	24	2025

City
BerlinState
TNZip Code
12161Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418797

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

Date of Disbursement

M M	D D	Y Y Y Y
03	24	2025

City
BerlinState
TNZip Code
12161Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418798

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

37.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
BerlinState
TNZip Code
12161Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418799

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
BerlinState
TNZip Code
12161Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

16.67

Transaction ID : 500418800

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
BerlinState
TNZip Code
12161Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418801

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

41.67

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

City
BerlinState
TNZip Code
12161Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500418802

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

City
BerlinState
TNZip Code
12161Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500418803

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

City
BerlinState
TNZip Code
12161Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500418804

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

150.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

City
BerlinState
TNZip Code
12161

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500418805

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

City
BerlinState
TNZip Code
12161

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500418806

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

City
BerlinState
TNZip Code
12161

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500418807

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gerber, Margy, , ,

Mailing Address Stubenrauchstr. 64

City
BerlinState
TNZip Code
12161Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418808

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Giles, Dianne, , ,

Mailing Address 14528 E Desert Vista Trl

City
ScottsdaleState
AZZip Code
85262-7877Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418612

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Giles, Dianne, , ,

Mailing Address 14528 E Desert Vista Trl

City
ScottsdaleState
AZZip Code
85262-7877Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418611

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

37.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Giles, Dianne, , ,

Mailing Address 14528 E Desert Vista Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		25		2025

City
ScottsdaleState
AZZip Code
85262-7877

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418609

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Giles, Dianne, , ,

Mailing Address 14528 E Desert Vista Trl

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		25		2025

City
ScottsdaleState
AZZip Code
85262-7877

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418610

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

Date of Disbursement

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

City
BisbeeState
AZZip Code
85603-4237

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418574

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

20.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418575

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : 500418576

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : 500418577

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

18.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : 500418578

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : 500418579

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418580

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

18.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418581

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : 500418582

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418583

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

19.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418584

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : 500418585

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418586

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

19.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418587

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418588

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418589

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418590

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418591

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418592

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418593

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418594

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418595

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

22.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418596

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418597

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418598

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418599

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418600

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒ Primary	☐ General	
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418601

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418602

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418603

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418604

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418605

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418606

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gilliland, Joe, , ,

Mailing Address PO Box 4237

City
BisbeeState
AZZip Code
85603-4237Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418607

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Hansen, James, A, ,

Mailing Address 2524 W Providence Ave

City
SpokaneState
WAZip Code
99205-2414Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418256

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hansen, James, A, ,

Mailing Address 2524 W Providence Ave

City
SpokaneState
WAZip Code
99205-2414Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418257

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Harrington, Thomas, , ,

Mailing Address 20 Rue Berthe

City
ParisState
GAZip Code
75018Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418756

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

107.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Harrington, Thomas, , ,

Mailing Address 20 Rue Berthe

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
ParisState
GAZip Code
75018Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418757

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Harrington, Thomas, , ,

Mailing Address 20 Rue Berthe

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
ParisState
GAZip Code
75018Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500418758

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Harrington, Thomas, , ,

Mailing Address 20 Rue Berthe

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
ParisState
GAZip Code
75018Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : 500418759

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

650.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Herman, Margaret, D., ,

Mailing Address 3800 N Lake Shore Dr

City
ChicagoState
ILZip Code
60613-3301Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : 500417172

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.00

Transaction ID : 500419383

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419384

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

1012.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419385

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419386

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419387

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419388

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419389

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.50

Transaction ID : 500419390

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

13.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.33

Transaction ID : 500419391

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : 500419392

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500419393

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8.83

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500419394

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419395

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419396

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

110.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419397

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419398

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419399

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419400

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419401

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419402

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

15.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419403

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500419404

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.00

Transaction ID : 500419405

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

17.00

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 PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.00

Transaction ID : 500419406

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419407

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419408

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

27.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419409

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jackson, Richard, , ,

Mailing Address Patriarhou loakeim 4

City
AthensState
FLZip Code
10674Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500419410

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joiner, William, , ,

Mailing Address 364 Clara St

City
OaklandState
CAZip Code
94603-1156Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418562

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

45.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Joiner, William, , ,

Mailing Address 364 Clara St

City
OaklandState
CAZip Code
94603-1156Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418563

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Joiner, William, , ,

Mailing Address 364 Clara St

City
OaklandState
CAZip Code
94603-1156Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418564

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joiner, William, , ,

Mailing Address 364 Clara St

City
OaklandState
CAZip Code
94603-1156Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418565

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

45.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Joiner, William, , ,

Mailing Address 364 Clara St

City
OaklandState
CAZip Code
94603-1156Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	2	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : 500418566

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Labule, Joseph, , ,Mailing Address 3033 16th St NW
Apt 220City
WashingtonState
DCZip Code
20009-4246Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

125.00

Transaction ID : 500417169

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Labule, Joseph, , ,Mailing Address 3033 16th St NW
Apt 220City
WashingtonState
DCZip Code
20009-4246Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : 500417170

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

395.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Lehman, Edward, , ,

Mailing Address 1807 S Hayworth Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
Los AngelesState
CAZip Code
90035-4619

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3300.00

Transaction ID : 500417168

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Lombardi, Lisa, , ,

Mailing Address 79 Payne St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
AuchenflowerState
WAZip Code
98103

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418792

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Lombardi, Lisa, , ,

Mailing Address 79 Payne St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
AuchenflowerState
WAZip Code
98103

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418793

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

3500.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Lombardi, Lisa, , ,

Mailing Address 79 Payne St

City
AuchenflowerState
WAZip Code
98103Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418794

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lombardi, Lisa, , ,

Mailing Address 79 Payne St

City
AuchenflowerState
WAZip Code
98103Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418795

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Murphy, Terence, , ,

Mailing Address 149 Rue L-M Nordmann

City
ParisState
NYZip Code
75013Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418809

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

300.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Murphy, Terence, , ,

Mailing Address 149 Rue L-M Nordmann

City
ParisState
NYZip Code
75013Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418810

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Murphy, Terence, , ,

Mailing Address 149 Rue L-M Nordmann

City
ParisState
NYZip Code
75013Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418811

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Murphy, Terence, , ,

Mailing Address 149 Rue L-M Nordmann

City
ParisState
NYZip Code
75013Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418812

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

300.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Murphy, Terence, , ,

Mailing Address 149 Rue L-M Nordmann

City
ParisState
NYZip Code
75013Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418813

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Murphy, Terence, , ,

Mailing Address 149 Rue L-M Nordmann

City
ParisState
NYZip Code
75013Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

125.00

Transaction ID : 500418814

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Murphy, Terence, , ,

Mailing Address 149 Rue L-M Nordmann

City
ParisState
NYZip Code
75013Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : 500418815

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

245.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Murphy, Terence, , ,

Mailing Address 149 Rue L-M Nordmann

City
ParisState
NYZip Code
75013Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500418816

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Murphy, Terence, , ,

Mailing Address 149 Rue L-M Nordmann

City
ParisState
NYZip Code
75013Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418817

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Murphy, Terence, , ,

Mailing Address 149 Rue L-M Nordmann

City
ParisState
NYZip Code
75013Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418818

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

72.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Murphy, Terence, , ,

Mailing Address 149 Rue L-M Nordmann

City
ParisState
NYZip Code
75013Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418819

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Peel, Emily, , ,

Mailing Address 507 Amberjack Dr

City
North PortState
FLZip Code
34287-6507Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418632

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Peel, Emily, , ,

Mailing Address 507 Amberjack Dr

City
North PortState
FLZip Code
34287-6507Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418631

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Reid, David, , ,

Mailing Address 18008 Baldwin Rd

City
BothellState
WAZip Code
98012-6200Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : 500418672

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Rusby, Paul, Baman, ,

Mailing Address PO Box 50333

City
ArlingtonState
VAZip Code
22205-5333Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : 500417171

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.50

Transaction ID : 500418310

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

753.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.50

Transaction ID : 500418311

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418312

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418313

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418314

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7.50

Transaction ID : 500418315

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418316

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

15.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418317

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.50

Transaction ID : 500418318

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418319

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

6.50

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

SCHEDULE B (FEC Form 3)
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for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.00

Transaction ID : 500418320

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418321

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418322

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4	0	0
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Transaction ID : 500418323

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1	0	0
---	---	---

Transaction ID : 500418324

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	5	0
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Transaction ID : 500418325

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

7	5	0
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TOTAL This Period (last page this line number only).....▶

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	5	0							
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Transaction ID : 500418326

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	5	0							
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Transaction ID : 500418327

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	0	0							
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Transaction ID : 500418328

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

8	0	0							
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TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2025

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418329

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2025

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418330

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2025

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418331

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

20.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418332

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4.00

Transaction ID : 500418333

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418334

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

14.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.50

Transaction ID : 500418335

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418336

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418337

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

13.00

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

SCHEDULE B (FEC Form 3)
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for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418338

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.33

Transaction ID : 500418339

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418340

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

10.83

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	5	0
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Transaction ID : 500418341

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	5	0
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Transaction ID : 500418342

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1	2	5	0
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Transaction ID : 500418343

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

1	7	5	0
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TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418344

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418345

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418346

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

13.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418347

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418348

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418349

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

8.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	0	0
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Transaction ID : 500418356

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	5	0
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Transaction ID : 500418357

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1	2	5
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Transaction ID : 500418358

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

1	9	0
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TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1	.	5	0
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Transaction ID : 500418359

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1	.	6	6
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Transaction ID : 500418360

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	.	5	0
---	---	---	---

Transaction ID : 500418361

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

5	.	6	6
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TOTAL This Period (last page this line number only).....▶

5	.	6	6
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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418362

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418363

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.00

Transaction ID : 500418364

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

9.00

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

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500418365

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500418366

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500418367

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	5	0							
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Transaction ID : 500418368

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4	0	0							
---	---	---	--	--	--	--	--	--	--

Transaction ID : 500418369

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7	5	0							
---	---	---	--	--	--	--	--	--	--

Transaction ID : 500418370

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

1	4	0	0						
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TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.50

Transaction ID : 500418371

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : 500418372

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418373

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

14.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	5	0							
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Transaction ID : 500418374

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	5	0							
---	---	---	--	--	--	--	--	--	--

Transaction ID : 500418375

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	3	3							
---	---	---	--	--	--	--	--	--	--

Transaction ID : 500418376

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

10.33

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418377

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.50

Transaction ID : 500418378

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6.75

Transaction ID : 500418379

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

20.75

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.50

Transaction ID : 500418380

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418381

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.00

Transaction ID : 500418382

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

24.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	0	0
---	---	---

Transaction ID : 500418383

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	0	0
---	---	---

Transaction ID : 500418384

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7	5	0
---	---	---

Transaction ID : 500418385

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

1	2	5	0
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TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.50

Transaction ID : 500418386

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418387

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.50

Transaction ID : 500418388

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

16.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.00

Transaction ID : 500418389

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418390

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418391

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418392

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418393

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.50

Transaction ID : 500418394

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418395

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418396

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418397

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

12.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500418401

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500418402

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Transaction ID : 500418403

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	0	0
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Transaction ID : 500418404

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	5	0
---	---	---

Transaction ID : 500418405

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	5	0
---	---	---

Transaction ID : 500418406

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

8	0	0
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TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2025

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418407

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2025

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418408

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		03		2025

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418409

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

8.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418410

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418411

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.60

Transaction ID : 500418412

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

6.60

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418413

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418414

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418415

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

8.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.50

Transaction ID : 500418416

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418417

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418418

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

17.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418419

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418420

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418421

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

11.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	5	0							
---	---	---	--	--	--	--	--	--	--

Transaction ID : 500418422

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	0	0							
---	---	---	--	--	--	--	--	--	--

Transaction ID : 500418423

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4	0	0							
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Transaction ID : 500418424

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

9	5	0							
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TOTAL This Period (last page this line number only).....▶

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SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

CPurpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418425

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

CPurpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418426

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

CPurpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418427

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

8.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3	0	0
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Transaction ID : 500418428

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5	0	0
---	---	---

Transaction ID : 500418429

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

City
EnglewoodState
NJZip Code
07631-5047

FEC Identification Number

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2	5	0
---	---	---

Transaction ID : 500418430

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1	0	5	0
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TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Schultz, Lawrence, , ,

Mailing Address 62 Regency Cir

City
EnglewoodState
NJZip Code
07631-5047Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3.00

Transaction ID : 500418431

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Stevens, Patricia, , ,Mailing Address 100 Boucle Jeanne Cir
334City
Winter ParkState
FLZip Code
32789Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418633

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sutherland, Donald, , ,Mailing Address 836 SW Curry St
Unit 902City
PortlandState
ORZip Code
97239-4526Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418698

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

108.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Sutherland, Donald, , ,Mailing Address 836 SW Curry St
Unit 902City
PortlandState
ORZip Code
97239-4526Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418699

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sutherland, Donald, , ,Mailing Address 836 SW Curry St
Unit 902City
PortlandState
ORZip Code
97239-4526Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418700

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Sutherland, Donald, , ,Mailing Address 836 SW Curry St
Unit 902City
PortlandState
ORZip Code
97239-4526Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418701

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

300.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Sutherland, Donald, , ,Mailing Address 836 SW Curry St
Unit 902City
PortlandState
ORZip Code
97239-4526Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418702

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Sutherland, Donald, , ,Mailing Address 836 SW Curry St
Unit 902City
PortlandState
ORZip Code
97239-4526Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : 500418703

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418524

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

213.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418525

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418526

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418527

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

53.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418528

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418529

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418530

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

53.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 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)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418531

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418532

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418533

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

51.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418534

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418535

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418536

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

41.00

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

SCHEDULE B (FEC Form 3)
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for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418537

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418538

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418539

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

53.00

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

SCHEDULE B (FEC Form 3)
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for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418540

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418541

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418542

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

53.00

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

SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418543

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418544

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418545

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

51.00

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

SCHEDULE B (FEC Form 3)
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for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418546

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418547

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418548

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

41.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418549

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418550

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418551

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

53.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418552

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418553

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418554

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

53.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418555

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418556

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418557

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

51.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418558

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418559

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tobias, Gene, , ,Mailing Address 1216 Running Springs Rd
Apt 6City
Walnut CreekState
CAZip Code
94595-2962Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

13.00

Transaction ID : 500418560

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

51.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Vogt, Barbara, , ,

Mailing Address 3410 39th St NW

City
WashingtonState
DCZip Code
20016-3759Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418309

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ward, Carlos, , ,

Mailing Address 2 Briar Ct

City
MilfordState
DEZip Code
19963-3900Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418670

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ward, Carlos, , ,

Mailing Address 2 Briar Ct

City
MilfordState
DEZip Code
19963-3900Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418671

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

55.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Ward, Carlos, , ,

Mailing Address 2 Briar Ct

City
MilfordState
DEZip Code
19963-3900Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500418669

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ward, Carlos, , ,

Mailing Address 2 Briar Ct

City
MilfordState
DEZip Code
19963-3900Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418668

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ward, Carlos, , ,

Mailing Address 2 Briar Ct

City
MilfordState
DEZip Code
19963-3900Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418667

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

100.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wax, Judy, , ,

Mailing Address 120 Sharon Dr

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

City
YorkState
PAZip Code
17403-3820

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7.50

Transaction ID : 500418289

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Wax, Judy, , ,

Mailing Address 120 Sharon Dr

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

City
YorkState
PAZip Code
17403-3820

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418290

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Wax, Judy, , ,

Mailing Address 120 Sharon Dr

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

City
YorkState
PAZip Code
17403-3820

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7.50

Transaction ID : 500418291

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

25.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wax, Judy, , ,

Mailing Address 120 Sharon Dr

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

City
YorkState
PAZip Code
17403-3820

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418292

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Wax, Judy, , ,

Mailing Address 120 Sharon Dr

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

City
YorkState
PAZip Code
17403-3820

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418294

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Wax, Judy, , ,

Mailing Address 120 Sharon Dr

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	5

City
YorkState
PAZip Code
17403-3820

FEC Identification Number

C

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418295

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

65.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418090

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

29.50

Transaction ID : 500418091

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418092

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

51.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

31.50

Transaction ID : 500418093

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.00

Transaction ID : 500418094

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418095

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

43.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418096

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

8.33

Transaction ID : 500418097

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418098

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

33.33

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418099

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418100

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418101

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

27.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.00

Transaction ID : 500418102

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418103

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418104

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

27.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

31.50

Transaction ID : 500418105

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418106

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418107

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

41.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418108

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.00

Transaction ID : 500418109

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418110

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

29.00

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

SCHEDULE B (FEC Form 3)
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for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418111

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418112

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418113

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

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

SCHEDULE B (FEC Form 3)
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418114

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418115

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418116

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

39.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.00

Transaction ID : 500418117

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418118

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418119

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

27.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418120

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418121

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418122

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

125.00

Transaction ID : 500418123

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418124

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6.00

Transaction ID : 500418125

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

136.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418126

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418127

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418128

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

32.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418129

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.00

Transaction ID : 500418130

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418131

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

27.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418132

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418133

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418134

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418135

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒ Primary	☐ General	
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418136

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒ Primary	☐ General	
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418137

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

34.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6.00

Transaction ID : 500418138

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418139

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418140

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

21.00

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

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

Montanans for Tester

A. Wheeler, Wilma, A, ,

01 / 04 / 2025

C

Category/
Type

10.00

Memo Item

☒ Primary ☐ General
☐ Other (specify) ▼

District:

B. Wheeler, Wilma, A, ,

MM / DD / YYYY

C

Category/
Type

Amount of Each Disbursement this Period

30.00

Memo Item

☒ Primary ☐ General
☐ Other (specify) ▼

District:

C. Wheeler, Wilma, A, ,

MM / DD / YYYY

C

Category/
Type

Amount of Each Disbursement this Period

10.00

Memo Item

☒ Primary ☐ General
☐ Other (specify) _____

District:

50.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418144

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418145

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418146

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418147

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418148

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

6.00

Transaction ID : 500418149

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

48.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418150

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418151

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418152

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418153

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418154

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418155

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418156

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418157

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418158

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

52.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418159

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418160

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418161

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418162

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418163

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418164

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

37.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418165

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418166

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418167

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

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

SCHEDULE B (FEC Form 3)
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for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418168

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418169

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418170

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

37.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418171

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418172

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418173

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☐ 17	☐ 18	☐ 19a	☐ 19b
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418174

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418175

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418176

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

37.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418177

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418178

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	0	4	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418179

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

25.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418180

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : 500418181

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418182

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

37.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : 500418183

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418184

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418185

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

62.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418186

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : 500418187

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418188

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

52.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418189

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418190

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418191

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

37.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418192

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418193

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418194

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

32.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 20a	☐ 20b	☐ 20c	☐ 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)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2.50

Transaction ID : 500418195

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418196

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418197

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

24.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

7.50

Transaction ID : 500418198

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418199

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418200

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

22.50

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 17	☐ 18	☐ 19a	☐ 19b
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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)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418201

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418202

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418203

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

32.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418204

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10.00

Transaction ID : 500418205

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5.00

Transaction ID : 500418206

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

32.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418207

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

12.50

Transaction ID : 500418208

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.77

Transaction ID : 500418209

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

47.27

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 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)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418210

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.00

Transaction ID : 500418211

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.77

Transaction ID : 500418212

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

51.77

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 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)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

17.77

Transaction ID : 500418213

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wheeler, Wilma, A, ,

Mailing Address PO Box 3208

City
Mammoth LakesState
CAZip Code
93546-3208Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : 500418214

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Wilson, Boleynn, , ,

Mailing Address 5515 Davis Ln

City
AustinState
TXZip Code
78749-3632Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

25.64

Transaction ID : 500417167

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

68.41

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

21348.01

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 240 OF 240

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

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NAME OF COMMITTEE (In Full)

Montanans for Tester

Full Name (Last, First, Middle Initial)

A. FEDEX CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 942 Shady Grove Rd S

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2025

City
MemphisState
TNZip Code
38120-4117

FEC Identification Number

C	C00068692
---	-----------

Purpose of Disbursement
Contribution Refund

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : 500417164

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C	
---	--

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C	
---	--

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

2500.00

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

2500.00