

**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

PEOPLE FOR OLA

ADDRESS (number and street)

2301 DEL PRADO BLVD S

STE 690 #118

Check if different
than previously
reported. (ACC)

CAPE CORAL

FL

33990

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00917419

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

19

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
01 / 01 / 2026

through

M M / D D / Y Y Y Y
03 / 31 / 2026*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

BOLES, JASON, D., ,

Signature of Treasurer

BOLES, JASON, D., ,

Date

M M / D D / Y Y Y Y
04 / 06 / 2026

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

PEOPLE FOR OLA

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

	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))....	2450.00	141314.66
(b) Total Contribution Refunds (from Line 20(d))	42870.00	46545.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 40420.00	94769.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23079.03	70107.34
(b) Total Offsets to Operating Expenditures (from Line 14).....	550.00	550.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	22529.03	69557.34
8. Cash on Hand at Close of Reporting Period (from Line 27).....	240537.31	
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)	108691.01	

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

PEOPLE FOR OLA

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 2026**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).....

2450.00

134856.35

(ii) Unitemized

0.00

2458.31

(iii) TOTAL of contributions
from individuals ▶

2450.00

137314.66

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

4000.00

(d) The Candidate

0.00

0.00

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

2450.00

141314.66

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

22025.00

113324.99

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

100000.00

124000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

100000.00

124000.00

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

550.00

550.00

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

0.00

0.00

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

125025.00

379189.65

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.....	23079.03	70107.34
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	22000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	22000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	42870.00	46545.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	42870.00	46545.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	65949.03	138652.34

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	181461.34
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	125025.00
25. SUBTOTAL (add Line 23 and Line 24).....	306486.34
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	65949.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	240537.31

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 38

(check only one)

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

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

NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

BLAIR, ALAN, , ,

A. Mailing Address 2230 CARMICHAEL DRIVE

City

VIENNA

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
DATA ARCHITECTOccupation
BAH

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4212.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 05 2026

Transaction ID : A-401

Amount of Each Receipt this Period

212.00

☒ Memo Item

REATTRIBUTION TO

B. Full Name (Last, First, Middle Initial)
BLAIR, ALAN, , ,
Mailing Address 2230 CARMICHAEL DRIVE

City

VIENNA

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer
DATA ARCHITECTOccupation
BAH

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4212.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 05 2026

Transaction ID : A-402

Amount of Each Receipt this Period

- 212.00

☒ Memo Item

REATTRIBUTION FROM

C. Full Name (Last, First, Middle Initial)
CENTURY PROTECTIVE SERVICES
Mailing Address 100 PARK AVENUE

City

NEW YORK

State

NY

Zip Code

10017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 04 2025

Transaction ID : A-3310

Amount of Each Receipt this Period

5000.00

☒ Memo ItemCOMMITTEE IS REFUNDING WIRE FOR NON-
PERMISSIBLE SOURCE
ORIGINAL CONTRIBUTION AS PREVIOUSLY
REPORTED

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

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

0.00

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 38

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

DAHHER, AZI, , ,

A.

Mailing Address 4507 BOCA DRIVE

City

NICEVILLE

State

FL

Zip Code

32578

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		05		2026

Transaction ID : A-405

Amount of Each Receipt this Period

1500.00

☒ Memo Item

REDESIGNATION TO

B.

Full Name (Last, First, Middle Initial)

DAHHER, AZI, , ,

Mailing Address 4507 BOCA DRIVE

City

NICEVILLE

State

FL

Zip Code

32578

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
03		05		2026

Transaction ID : A-406

Amount of Each Receipt this Period

- 1500.00

☒ Memo Item

REDESIGNATION FROM

C.

Full Name (Last, First, Middle Initial)

DAHHER, ESTEPHAN, , ,

Mailing Address 4507 BOCA DRIVE

City

NICEVILLE

State

FL

Zip Code

32578

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAHHER CONTRACTING INCOccupation
CONTRACTOR

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

12000.00

Date of Receipt

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

Transaction ID : A-3020

Amount of Each Receipt this Period

12000.00

☒ Memo ItemORIGINAL CONTRIBUTION AS PREVIOUSLY
REPORTED

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

DAHER, ESTEPHAN, , ,

A.

Mailing Address 4507 BOCA DRIVE

City

NICEVILLE

State

FL

Zip Code

32578

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAHER CONTRACTING INC

Occupation

CONTRACTOR

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 05 2026

Transaction ID : A-384

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REDESIGNATION TO

B.

Full Name (Last, First, Middle Initial)

DAHER, ESTEPHAN, , ,

Mailing Address 4507 BOCA DRIVE

City

NICEVILLE

State

FL

Zip Code

32578

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAHER CONTRACTING INC

Occupation

CONTRACTOR

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 05 2026

Transaction ID : A-385

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REDESIGNATION FROM

C.

Full Name (Last, First, Middle Initial)

DAHER, AZI, , ,

Mailing Address 4507 BOCA DRIVE

City

NICEVILLE

State

FL

Zip Code

32578

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2026

☒ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 05 2026

Transaction ID : A-403

Amount of Each Receipt this Period

5000.00

☒ Memo Item

REATTRIBUTION TO

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

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

0.00

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

PAGE 8 OF 38

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

DAHHER, ESTEPHAN, , ,

A.

Mailing Address 4507 BOCA DRIVE

City

NICEVILLE

State

FL

Zip Code

32578

FEC ID number of contributing
federal political committee.

C

Name of Employer

DAHHER CONTRACTING INC

Occupation

CONTRACTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		05		2026

Transaction ID : A-404

Amount of Each Receipt this Period

- 5000.00

☒ Memo Item

REATTRIBUTION FROM

B.

Full Name (Last, First, Middle Initial)

KOETHER, JOAN, , ,

Mailing Address 757 SE 17TH STREET
STE 1074

City

FORT LAUDERDALE

State

FL

Zip Code

33316

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		22		2026

Transaction ID : A-337

Amount of Each Receipt this Period

1000.00

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

BLAIR, ALAN, , ,

Mailing Address 2230 CARMICHAEL DRIVE

City

VIENNA

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer

DATA ARCHITECT

Occupation

BAH

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4212.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		17		2025

Transaction ID : A-2410

Amount of Each Receipt this Period

3500.00

☒ Memo ItemORIGINAL CONTRIBUTION AS PREVIOUSLY
REPORTED

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

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

1000.00

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

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

STOCH, LINDA, , ,

A.

Mailing Address 104 VINTAGE ISLE LANE

City

PALM BEACH GARDENS

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A-338

Amount of Each Receipt this Period

1000.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LN

City

STAUNTON

State

VA

Zip Code

24401

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SELF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

740.00

Date of Receipt

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

Transaction ID : A-339

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-01-26

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61484.66

Date of Receipt

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

Transaction ID : A-339CM

Amount of Each Receipt this Period

70.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

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

1025.00

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

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

PAGE 10 OF 38

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

BLEMASTER, GARY, , ,

A. Mailing Address 2049 ISLA VISTA LANE

City
NAPLESState
FLZip Code
34105FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

840.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 22 2026

Transaction ID : A-340

Amount of Each Receipt this Period

45.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-01-26

B. Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61484.66

Date of Receipt

M M / D D / Y Y Y Y Y
01 26 2026

Transaction ID : A-340CM

Amount of Each Receipt this Period

70.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.C. Full Name (Last, First, Middle Initial)
BLEMASTER, GARY, , ,

Mailing Address 2049 ISLA VISTA LANE

City
NAPLESState
FLZip Code
34105FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

920.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 26 2026

Transaction ID : A-341

Amount of Each Receipt this Period

45.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-02-02

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

90.00

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

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

PAGE 11 OF 38

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61599.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		02		2026

Transaction ID : A-341CM

Amount of Each Receipt this Period

115.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)
BLEMASTER, GARY, , ,

Mailing Address 2049 ISLA VISTA LANE

City
NAPLESState
FLZip Code
34105FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

920.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		26		2026

Transaction ID : A-342

Amount of Each Receipt this Period

35.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-02-02

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61599.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		02		2026

Transaction ID : A-342CM

Amount of Each Receipt this Period

115.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

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

35.00

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

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

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

SAIA, PAUL, , ,

A. Mailing Address 8347 SPINEL LANE

City

MELBOURNE

State

FL

Zip Code

32940

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SELF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	4		2	0	2	6

Transaction ID : A-343

Amount of Each Receipt this Period

35.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-02-02

B. Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61599.66

Date of Receipt

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

Transaction ID : A-343CM

Amount of Each Receipt this Period

115.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.C. Full Name (Last, First, Middle Initial)
BONIN, JUDY, , ,

Mailing Address 187 EDGEFIELD LN

City

STAUNTON

State

VA

Zip Code

24401

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

SELF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

765.00

Date of Receipt

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

Transaction ID : A-363

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-03-02

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

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

60.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse 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)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61714.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		02		2026

Transaction ID : A-363CM

Amount of Each Receipt this Period

115.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

B.

Full Name (Last, First, Middle Initial)
BLEMASTER, GARY, , ,

Mailing Address 2049 ISLA VISTA LANE

City
NAPLESState
FLZip Code
34105FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1045.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		26		2026

Transaction ID : A-364

Amount of Each Receipt this Period

45.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-03-02

C.

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61714.66

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		02		2026

Transaction ID : A-364CM

Amount of Each Receipt this Period

115.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

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

45.00

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

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

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

FOR LINE NUMBER: PAGE 14 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

BLEMASTER, GARY, , ,

A.

Mailing Address 2049 ISLA VISTA LANE

City

NAPLES

State

FL

Zip Code

34105

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 26 2026

Transaction ID : A-365

Amount of Each Receipt this Period

45.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-03-02

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

61714.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 02 2026

Transaction ID : A-365CM

Amount of Each Receipt this Period

115.00

☒ Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

BLEMASTER, GARY, , ,

C.

Mailing Address 2049 ISLA VISTA LANE

City

NAPLES

State

FL

Zip Code

34105

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1045.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 26 2026

Transaction ID : A-366

Amount of Each Receipt this Period

35.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-03-02

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

80.00

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

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

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61714.66

Date of Receipt

M M / D D / Y Y Y Y Y
03 02 2026

Transaction ID : A-366CM

Amount of Each Receipt this Period

115.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)
SAIA, PAUL, , ,

Mailing Address 8347 SPINEL LANE

City
MELBOURNEState
FLZip Code
32940FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

SELF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 09 2026

Transaction ID : A-373

Amount of Each Receipt this Period

- 35.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-03-02

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61714.66

Date of Receipt

M M / D D / Y Y Y Y Y
03 02 2026

Transaction ID : A-373CM

Amount of Each Receipt this Period

115.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

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

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

- 35.00

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

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

BONIN, JUDY, , ,

A.

Mailing Address 187 EDGEFIELD LN

City
STAUNTONState
VAZip Code
24401FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
SELF

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

790.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 21 2026

Transaction ID : A-457

Amount of Each Receipt this Period

25.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-03-25

B.

Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61784.66

Date of Receipt

M M / D D / Y Y Y Y Y
03 25 2026

Transaction ID : A-457CM

Amount of Each Receipt this Period

70.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

C.

Full Name (Last, First, Middle Initial)
BLEMASTER, GARY, , ,

Mailing Address 2049 ISLA VISTA LANE

City
NAPLESState
FLZip Code
34105FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1090.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 22 2026

Transaction ID : A-458

Amount of Each Receipt this Period

45.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-03-25

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

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

70.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61784.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 25 2026

Transaction ID : A-458CM

Amount of Each Receipt this Period

70.00

☒ Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)
BLEMASTER, GARY, , ,

Mailing Address 2049 ISLA VISTA LANE

City
NAPLES

State
FL

Zip Code
34105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 26 2026

Transaction ID : A-464

Amount of Each Receipt this Period

45.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-03-30

Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61864.66

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 30 2026

Transaction ID : A-464CM

Amount of Each Receipt this Period

80.00

☒ Memo Item

EARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

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

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

45.00

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

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

BLEMASTER, GARY, , ,

A. Mailing Address 2049 ISLA VISTA LANE

City
NAPLESState
FLZip Code
34105FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1170.00

Date of Receipt

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

Transaction ID : A-465

Amount of Each Receipt this Period

35.00

☐ Memo Item

EARMARK VIA WINRED ON 2026-03-30

B. Full Name (Last, First, Middle Initial)
WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

61864.66

Date of Receipt

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

Transaction ID : A-465CM

Amount of Each Receipt this Period

80.00

☒ Memo ItemEARMARKED-CONDUIT DETAILS. CONDUIT
CONTRIBUTION LIMIT NOT AFFECTED.

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

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

35.00

2450.00

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

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☒ 12	☐ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

OLA VICTORY FUND

Mailing Address 2301 DEL PRADO BLVD S

STE 690 #118

City

CAPE CORAL

State

FL

Zip Code

33990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

22025.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

Transaction ID : A-474UNITEM

Amount of Each Receipt this Period

575.00

☒ Memo ItemTOTAL OF UNITEMIZED CONTRIBUTIONS PART OF
A TRANSFER FROM AUTHORIZED COMMITTEE

B.

Full Name (Last, First, Middle Initial)

OLA VICTORY FUND

Mailing Address 2301 DEL PRADO BLVD S

STE 690 #118

City

CAPE CORAL

State

FL

Zip Code

33990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

113324.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

Transaction ID : A-474

Amount of Each Receipt this Period

15025.00

☐ Memo Item

TRANSFER FROM AUTHORIZED COMMITTEE

C.

Full Name (Last, First, Middle Initial)

FAHMY, ALEX, , ,

Mailing Address 1700 PALM BEACH LAKES BLVD

City

WEST PALM BEACH

State

FL

Zip Code

33401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

ASM SPORTS

COLLEGE SPORTS RECRUITER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	6

Transaction ID : A-475

Amount of Each Receipt this Period

800.00

☒ Memo ItemMEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

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

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

15025.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☒ 12	☐ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

TRIPLETT, DANNY, , ,

A.

Mailing Address 111 FAIRVIEW AVE N

1914

City

SEATTLE

State

WA

Zip Code

98109

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMAZON WEB SERVICES

Occupation

GLOBAL DEFENSE PARTNER ACCOUNT EX

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	2	6

Transaction ID : A-477

Amount of Each Receipt this Period

1000.00

☒ Memo ItemMEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

Full Name (Last, First, Middle Initial)

WALGREEN, STACY, , ,

B.

Mailing Address 8656 WENDY LN E

City

WEST PALM BEACH

State

FL

Zip Code

33411

FEC ID number of contributing
federal political committee.

C

Name of Employer

DIAMOND GIRL MEDIA INC.

Occupation

FOUNDER-PRESIDENT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A-478

Amount of Each Receipt this Period

1000.00

☒ Memo ItemMEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

Full Name (Last, First, Middle Initial)

MOVASSAGHI, BETHANY, , ,

C.

Mailing Address 2700 NW 70TH BLVD

City

BOCA RATON

State

FL

Zip Code

33496

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : A-480

Amount of Each Receipt this Period

400.00

☒ Memo ItemMEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

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

0.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☒ 12	☐ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

LEON, ENRIQUE, , ,

A.

Mailing Address 692 STANTON DR

City

WESTON

State

FL

Zip Code

33326

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLACK LAB ALLIANCE

Occupation

EXECUTIVE

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	7		2	0	2	6

Transaction ID : A-481

Amount of Each Receipt this Period

400.00



Memo Item

MEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

B.

Full Name (Last, First, Middle Initial)

HEITZ, BILL, , ,

Mailing Address 2700 N FEDERAL HWY.
SUITE 201

City

BOYNTON BEACH

State

FL

Zip Code

33435

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE HEITZ LAW FIRM

Occupation

ATTORNEY

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A-482

Amount of Each Receipt this Period

1000.00



Memo Item

MEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

C.

Full Name (Last, First, Middle Initial)

GORMAN, ANGELA, , ,

Mailing Address 47 VESTRY
1S

City

NEW YORK

State

NY

Zip Code

10013-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

BRIDGEWATER ASSOCIATES

Occupation

DIRECTOR AND HR BUSINESS PARTNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : A-483

Amount of Each Receipt this Period

400.00



Memo Item

MEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

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

0.00

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

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

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☒ 12	☐ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

MULLINS, JOE, , ,

A. Mailing Address 311 NORTH PINE STREET

City

BUNNELL

State

FL

Zip Code

32110

FEC ID number of contributing
federal political committee.

C

Name of Employer

MULLINS MANAGEMENT INC

Occupation

FOUNDER AND PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : A-484

Amount of Each Receipt this Period

500.00

☒ Memo ItemMEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

Full Name (Last, First, Middle Initial)

KHAN, JUNAID, , ,

B. Mailing Address PO BOX 568368

City

ORLANDO

State

FL

Zip Code

32856

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREEN LEAF MEDICAL LLC

Occupation

MANAGING MEMBER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : A-488

Amount of Each Receipt this Period

3500.00

☒ Memo ItemMEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

Full Name (Last, First, Middle Initial)

LEOTTA, SEAN, , ,

C. Mailing Address 11437 WATERSTONE LOOP DR

City

WINDERMERE

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEOTTA MIAMI LLC

Occupation

BUSINESS OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : A-489

Amount of Each Receipt this Period

3500.00

☒ Memo ItemMEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

CORBIN, MIKE, , ,

A.

Mailing Address 3905 ANCROFT CIRCLE

City

PEACHTREE CORNERS

State

GA

Zip Code

30092

FEC ID number of contributing
federal political committee.

C

Name of Employer

GRANITE TELECOMMUNICATIONS

Occupation

DIRECTOR, NETWORK INTEGRATION

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	15	/	2026

Transaction ID : A-492

Amount of Each Receipt this Period

250.00

☒ Memo ItemMEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

B.

Full Name (Last, First, Middle Initial)

DURSO, GENNARO, , ,

Mailing Address 351 WEST 46TH STREET

City

MIAMI BEACH

State

FL

Zip Code

33140

FEC ID number of contributing
federal political committee.

C

Name of Employer

GENETIC NETWORKS, LLC

Occupation

BRIDGEWATER ASSOCIATES

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	21	/	2026

Transaction ID : A-493

Amount of Each Receipt this Period

1000.00

☒ Memo ItemMEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

C.

Full Name (Last, First, Middle Initial)

NICOZISIS, PHILIP, , ,

Mailing Address 515 NORTH FLAGLER DR.

City

WEST PALM BEACH

State

FL

Zip Code

33401

FEC ID number of contributing
federal political committee.

C

Name of Employer

NICO PROPERTIES GROUP

Occupation

CHAIRMAN

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	18	/	2026

Transaction ID : A-496

Amount of Each Receipt this Period

300.00

☒ Memo ItemMEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

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

0.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

VASSALLO, SAMMY, , ,

A. Mailing Address 354 CHILEAN AVENUE
5A

City

PALM BEACH

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

PB ACCOUNTANTS & ADVISORS, LLC,

Occupation

CERTIFIED PUBLIC ACCOUNTANT AND OW

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 22 / 2026

Transaction ID : A-497

Amount of Each Receipt this Period

400.00

☒

Memo Item

MEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

Full Name (Last, First, Middle Initial)

OLA VICTORY FUND

B. Mailing Address 2301 DEL PRADO BLVD S
STE 690 #118

City

CAPE CORAL

State

FL

Zip Code

33990

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

113324.99

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 31 / 2026

Transaction ID : A-498

Amount of Each Receipt this Period

7000.00

☐

Memo Item

TRANSFER FROM AUTHORIZED COMMITTEE

Full Name (Last, First, Middle Initial)

KHAN, JUNAID, , ,

C. Mailing Address PO BOX 568368

City

ORLANDO

State

FL

Zip Code

32856

FEC ID number of contributing
federal political committee.

C

Name of Employer

GREEN LEAF MEDICAL LLC

Occupation

MANAGING MEMBER

Receipt For: 2026

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2026

Transaction ID : A-499

Amount of Each Receipt this Period

3500.00

☒

Memo Item

MEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

LEOTTA, SEAN, , ,

A.

Mailing Address 11437 WATERSTONE LOOP DR

City

WINDERMERE

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEOTTA MIAMI LLC

Occupation
BUSINESS OWNER

Receipt For: 2026

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2026

06

2026

Transaction ID : A-500

Amount of Each Receipt this Period

3500.00

☒ Memo Item

MEMO TRANSFER FROM AUTHORIZED
COMMITTEE-OLA VICTORY FUND

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

D D

Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

D D

Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

0.00

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

22025.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

HAWATMEH, OLA, NESHESWAT, ,

A.

Mailing Address 41 MADISON AVE SUITE 2R

City
KINGSTONState
NYZip Code
12401FEC ID number of contributing
federal political committee.

C H6FL19160

Name of Employer
OLASTYLEOccupation
BUSINESS OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

148000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	23	/	2026

Transaction ID : A-459

Amount of Each Receipt this Period

100000.00

☐ Memo Item
 CANDIDATE LOAN

Full Name (Last, First, Middle Initial)

B.

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
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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
	/		/	

Amount of Each Receipt this Period

☐ Memo Item

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

100000.00

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

100000.00

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

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

FOR LINE NUMBER:
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☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)
INTEGRATED SOLUTIONS: POLITICAL

A. Mailing Address 4142 ADAMS AVENUE
 SUITE 103-550

City State Zip Code
 SAN DIEGO CA 92116

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 06 2026

Transaction ID : A-400

Amount of Each Receipt this Period

550.00

☐ Memo Item

SOFTWARE SUBSCRIPTION REFUND

Full Name (Last, First, Middle Initial)

B. 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

Full Name (Last, First, Middle Initial)

C. 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)..... ▶

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

550.00

550.00

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

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

A. DIVERSE NEW MEDIA CORPMailing Address 1404 EAST LAS OLAS BOULEVARD
#B2091City
FORT LAUDERDALEState
FLZip Code
33301Purpose of Disbursement
DIGITAL MEDIA CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : B-361

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ETTARI, JULIA, , ,

Mailing Address 206 SOUTHWEST 26TH AVENUE

City
CAPE CORALState
FLZip Code
33991Purpose of Disbursement
FIELD WORK

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

475.00

Transaction ID : B-299

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ETTARI, JULIA, , ,

Mailing Address 206 SOUTHWEST 26TH AVENUE

City
CAPE CORALState
FLZip Code
33991Purpose of Disbursement
FIELD WORK

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1425.00

Transaction ID : B-348

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

4900.00

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)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

A. ETTARI, JULIA, , ,

Mailing Address 206 SOUTHWEST 26TH AVENUE

City
CAPE CORALState
FLZip Code
33991Purpose of Disbursement
FIELD WORK

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1425.00

Transaction ID : B-362

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ETTARI, JULIA, , ,

Mailing Address 206 SOUTHWEST 26TH AVENUE

City
CAPE CORALState
FLZip Code
33991Purpose of Disbursement
FIELD WORK

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

980.00

Transaction ID : B-369

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ETTARI, JULIA, , ,

Mailing Address 206 SOUTHWEST 26TH AVENUE

City
CAPE CORALState
FLZip Code
33991Purpose of Disbursement
FIELD WORK

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

600.00

Transaction ID : B-425

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

3005.00

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)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

A. INTEGRATED SOLUTIONS: POLITICALMailing Address 4142 ADAMS AVENUE
SUITE 103-550City
SAN DIEGOState
CAZip Code
92116Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1800.00

Transaction ID : B-310

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INTEGRATED SOLUTIONS: POLITICALMailing Address 4142 ADAMS AVENUE
SUITE 103-550City
SAN DIEGOState
CAZip Code
92116Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1800.00

Transaction ID : B-356

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INTEGRATED SOLUTIONS: POLITICALMailing Address 4142 ADAMS AVENUE
SUITE 103-550City
SAN DIEGOState
CAZip Code
92116Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1800.00

Transaction ID : B-376

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

5400.00

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)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

A. SUN BELT STRATEGY GROUP, LLC

Mailing Address 8271 AVIARY STREET

City
NORTH FORT MYERSState
FLZip Code
33917Purpose of Disbursement
STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4244.04

Transaction ID : B-359

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TABULARIUS COMPLIANCEMailing Address 126 C STREET NORTHWEST
THIRD FLOORCity
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
COMPLIANCE CONSULTING, TREASURY, REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

850.00

Transaction ID : B-217

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TABULARIUS COMPLIANCEMailing Address 126 C STREET NORTHWEST
THIRD FLOORCity
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
COMPLIANCE CONSULTING, TREASURY, REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-218

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

6594.04

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

A. TABULARIUS COMPLIANCEMailing Address 126 C STREET NORTHWEST
THIRD FLOORCity
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
COMPLIANCE CONSULTING, TREASURY, REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-351

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TABULARIUS COMPLIANCEMailing Address 126 C STREET NORTHWEST
THIRD FLOORCity
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
COMPLIANCE CONSULTING, TREASURY, REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-367

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES, LLCMailing Address 1776 WILSON BOULEVARD
SUITE 530City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3.15

Transaction ID : B-296

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

3003.15

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

22902.19

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

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

A. CENTURY PROTECTIVE SERVICES

Mailing Address 100 PARK AVENUE

City
NEW YORKState
NYZip Code
10017Purpose of Disbursement
COMMITTEE IS REFUNDING WIRE FOR NON-PERMISSIBLE SOURCE

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-505

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CENTURY PROTECTIVE SERVICES

Mailing Address 100 PARK AVENUE

City
NEW YORKState
NYZip Code
10017Purpose of Disbursement
COMMITTEE IS REFUNDING WIRE FOR NON-PERMISSIBLE SOURCE

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : B-506

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DAHER CONTRACTING INCMailing Address 105 BEACH DRIVE
B2City
FORT WALTON BEACHState
FLZip Code
32547Purpose of Disbursement
REFUNDING NON-PERMISSIBLE SOURCE

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

25000.00

Transaction ID : B-212

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

30000.00

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)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

A. GONZALEZ, JULIO, , ,

Mailing Address 7 DUKE DR

Date of Disbursement

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

City
LAKE WORTH BEACHState
FLZip Code
33460

FEC Identification Number

C

Purpose of Disbursement
REFUND OF ATTRIBUTION FOR LIMITS.

010

Amount of Each Disbursement this Period

3500.00

Transaction ID : B-379

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. GONZALEZ, JULIO, , ,

Mailing Address 7 DUKE DR

Date of Disbursement

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

City
LAKE WORTH BEACHState
FLZip Code
33460

FEC Identification Number

C

Purpose of Disbursement
REFUND OF ATTRIBUTION FOR LIMITS.

010

Amount of Each Disbursement this Period

2800.00

Transaction ID : B-380

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. NEWLIN, DANIEL, , ,

Mailing Address 9807 GROSVENOR POINTE CIR

Date of Disbursement

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

City
WINDERMEREState
FLZip Code
34786

FEC Identification Number

C

Purpose of Disbursement
REFUND OF ATTRIBUTION FOR LIMITS.

010

Amount of Each Disbursement this Period

3000.00

Transaction ID : B-407

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

9300.00

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)

PEOPLE FOR OLA

Full Name (Last, First, Middle Initial)

A. NEWLIN, DANIEL, , ,

Mailing Address 9807 GROSVENOR POINTE CIR

City
WINDERMEREState
FLZip Code
34786Purpose of Disbursement
REFUND OF ATTRIBUTION FOR LIMITS.

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3500.00

Transaction ID : B-408

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

3500.00

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

42800.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 36 OF 38

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-38

PEOPLE FOR OLA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

HAWATMEH, OLA, NESHESWAT, ,

Mailing Address

41 MADISON AVE SUITE 2R

City

KINGSTON

State

NY

ZIP Code

12401

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 30 / 2025

M M / D D / Y Y Y Y

12/31/2026

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

2000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 37 OF 38

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-459

PEOPLE FOR OLA

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

HAWATMEH, OLA, NESHESWAT, ,

Mailing Address

41 MADISON AVE SUITE 2R

City

KINGSTON

State

NY

ZIP Code

12401

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 23 / 2026

M M / D D / Y Y Y Y

12/31/2026

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

TOTALS This Period (last page in this line only).....▶

102000.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 38 OF 38

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

PEOPLE FOR OLA

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

ACE SPECIALTIES

Nature of Debt (Purpose):

SHIRTS AND HATS

Mailing Address PO BOX 80427

City

LAFAYETTE

State

LA

Zip Code

70598

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-358

Amount Incurred This Period

2425.19

Payment This Period

0.00

Outstanding Balance at Close of This Period

2425.19

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

SUN BELT STRATEGY GROUP, LLC

Nature of Debt (Purpose):

STRATEGY CONSULTING

Mailing Address 8271 AVIARY STREET

City

NORTH FORT MYERS

State

FL

Zip Code

33917

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-355

Amount Incurred This Period

4244.04

Payment This Period

4244.04

Outstanding Balance at Close of This Period

0.00

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

SUN BELT STRATEGY GROUP, LLC

Nature of Debt (Purpose):

STRATEGY CONSULTING

Mailing Address 8271 AVIARY STREET

City

NORTH FORT MYERS

State

FL

Zip Code

33917

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-360

Amount Incurred This Period

4265.82

Payment This Period

0.00

Outstanding Balance at Close of This Period

4265.82

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

6691.01

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

6691.01

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

102000.00

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

108691.01