

**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.

1 2 F E 4 M 5

TUBERVILLE FOR SENATE, INC

ADDRESS (number and street)

PO BOX 590012



Check if different than previously reported. (ACC)

BIRMINGHAM

AL

35259

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00701672

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

AL

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

10 / 01 / 2025

through

M M / D D / Y Y Y Y

12 / 31 / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JONES, RANDALL, E, ,

Signature of Treasurer

JONES, RANDALL, E, ,

Date

M M / D D / Y Y Y Y

01 / 29 / 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

TUBERVILLE FOR SENATE, INC

Report Covering the Period:

From:

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

To:

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

	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)) ....	431.25	3798434.22
(b) Total Contribution Refunds (from Line 20(d)) .....	431.25	544660.01
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	0.00	3253774.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	34078.18	3970717.16
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	26206.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	34078.18	3944511.06
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	130983.86	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	10158.63	

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

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

TUBERVILLE FOR SENATE, INC

Report Covering the Period:

From:

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

To:

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

**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).....**

225.00

1925538.07

**(ii) Unitemized.....**

206.25

1126246.15

**(iii) TOTAL of contributions from individuals ▶**

431.25

3051784.22

**(b) Political Party Committees.....**

0.00

0.00

**(c) Other Political Committees (such as PACs).....**

0.00

746650.00

**(d) The Candidate.....**

0.00

0.00

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

431.25

3798434.22

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

266856.55

**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

26206.10

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

0.00

6170.40

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

431.25

4097667.27

# **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.....	34078.18	3970717.16
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	129841.37
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	129841.37
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	431.25	382960.01
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	161700.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	431.25	544660.01
21. OTHER DISBURSEMENTS .....	2000.00	16000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	36509.43	4661218.54

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	167062.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	431.25
25. SUBTOTAL (add Line 23 and Line 24).....	167493.29
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	36509.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	130983.86

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 20

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

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

NAME OF COMMITTEE (In Full)

**TUBERVILLE FOR SENATE, INC**

Full Name (Last, First, Middle Initial)

**SENATE CONSERVATIVES FUND**

**A.**

Mailing Address 300 INDEPENDENCE AVE. SE

City

WASHINGTON

State

DC

Zip Code

20003-1021

FEC ID number of contributing  
federal political committee.

**C** C00448696

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

121898.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 15 2025

**Transaction ID : SA11C.212700**

Amount of Each Receipt this Period

51.25

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD; REFUNDED ON

**B.**

Full Name (Last, First, Middle Initial)

**CARSON, DEBORAH, OWEN, ,**

Mailing Address 721 WASSERFALL RD

City

FREDERICKSBURG

State

TX

Zip Code

78624-

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 ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 08 2025

**Transaction ID : SA11A.212703**

Amount of Each Receipt this Period

25.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND; REFUNDED ON 10/22/2025

**C.**

Full Name (Last, First, Middle Initial)

**SENATE CONSERVATIVES FUND**

Mailing Address 300 INDEPENDENCE AVE. SE

City

WASHINGTON

State

DC

Zip Code

20003-1021

FEC ID number of contributing  
federal political committee.

**C** C00448696

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

121898.54

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 05 2025

**Transaction ID : SA11C.215384**

Amount of Each Receipt this Period

303.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD; REFUNDED ON

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

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

25.00

# **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)

PAGE 6 OF 20

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

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

NAME OF COMMITTEE (In Full)

**TUBERVILLE FOR SENATE, INC**

Full Name (Last, First, Middle Initial)

RUPE, CARL, H., ,

**A.** Mailing Address 52 CROSS PT

City  
LITTLETON

State  
NC

Zip Code  
27850-9457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF-EMPLOYED

Occupation  
MANAGEMENT CONSULTANT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.00

Date of Receipt

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

Transaction ID : SA11A.215391

Amount of Each Receipt this Period

200.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM SENATE CONSERVATIVES  
FUND; REFUNDED ON 11/05/2025

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)..... ▶

200.00

225.00

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

PAGE 7 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

**TUBERVILLE FOR SENATE, INC**

Full Name (Last, First, Middle Initial)

**A. ACURA FINANCIAL SERVICES**

Mailing Address PO BOX 7829

City  
PHILADELPHIAState  
PAZip Code  
19101Purpose of Disbursement  
CAMPAIGN VEHICLE LEASE EXPENSE

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

590.93

Transaction ID : SB17.I8749

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHAIN BRIDGE BANK**

Mailing Address 1445-A LAUGHLIN AVE

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		22		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.I8752

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22812Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		27		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1800.00

Transaction ID : SB17.I8753

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

2415.93

**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)

PAGE 8 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

TUBERVILLE FOR SENATE, INC

Full Name (Last, First, Middle Initial)

**A. CARD SERVICES**

Mailing Address P.O. BOX 84070

City  
COLUMBUSState  
GAZip Code  
31908Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

6490.33

Transaction ID : SB17.I8779

☐ Memo Item**B. AMAZON**Mailing Address CORPORATE HQ  
410 TERRY AVE NCity  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

173.98

Transaction ID : SB17.I8781

☒ Memo Item**C. AMERICAN AIRLINES**Mailing Address CORPORATE HQ  
1 SKYVIEW DRIVECity  
FT. WORTHState  
TXZip Code  
76155Purpose of Disbursement  
REFUND: TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

- 40.43

Transaction ID : SB17.I8782

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

6490.33

**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)

PAGE 9 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

TUBERVILLE FOR SENATE, INC

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address 208 S AKARD STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2025

City  
DALLASState  
TXZip Code  
75202

FEC Identification Number

C

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

193.83

Transaction ID : SB17.I8783

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. E Z PASS VA**

Mailing Address 1401 BROAD ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2025

City  
RICHMONDState  
VAZip Code  
23219

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

70.00

Transaction ID : SB17.I8785

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. ENTERPRISE RENT-A-CAR**Mailing Address CORPORATE HQ  
600 CORPORATE PARK DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2025

City  
SAINT LOUISState  
MOZip Code  
63105

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

314.57

Transaction ID : SB17.I8784

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

0.00

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)

PAGE 10 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

TUBERVILLE FOR SENATE, INC

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPITHEATER PARKWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2025

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

FEC Identification Number

C

Purpose of Disbursement  
SOFTWARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

84.00

Transaction ID : SB17.I8786

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. LEE COUNTY REVENUE COMMISSIONER**

Mailing Address 215 SOUTH 9TH STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2025

City  
OPELIKAState  
ALZip Code  
36801

FEC Identification Number

C

Purpose of Disbursement  
CAMPAIGN VEHICLE REGISTRATION FEE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

430.09

Transaction ID : SB17.I8788

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. MARRIOTT**Mailing Address CORPORATE HQ  
10400 FERNWOOD RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		28		2025

City  
BETHESDAState  
MDZip Code  
20817

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

4673.39

Transaction ID : SB17.I8790

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

0.00

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)

PAGE 11 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

TUBERVILLE FOR SENATE, INC

Full Name (Last, First, Middle Initial)

**A. SEVEN WEEKS COFFEE**

Mailing Address 44108 SAXONY TER

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

68.27

Transaction ID : SB17.I8791

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SWAG LLC**Mailing Address 601 GREENSBORO AVE  
STE 100City  
TUSCALOOSAState  
ALZip Code  
35401Purpose of Disbursement  
DONOR MEMENTOS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

367.80

Transaction ID : SB17.I8787

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**Mailing Address CORPORATE HQ  
1455 MARKET STCity  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

57.93

Transaction ID : SB17.I8792

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

**TUBERVILLE FOR SENATE, INC**

Full Name (Last, First, Middle Initial)

**A. ACURA FINANCIAL SERVICES**

Mailing Address PO BOX 7829

City  
PHILADELPHIAState  
PAZip Code  
19101Purpose of Disbursement  
CAMPAIGN VEHICLE LEASE EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		12		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

590.93

Transaction ID : SB17.I8750

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22812Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		25		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1800.00

Transaction ID : SB17.I8754

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ACURA FINANCIAL SERVICES**

Mailing Address PO BOX 7829

City  
PHILADELPHIAState  
PAZip Code  
19101Purpose of Disbursement  
CAMPAIGN VEHICLE LEASE EXPENSE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		11		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

590.93

Transaction ID : SB17.I8751

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

2981.86

**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)

PAGE 13 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

**TUBERVILLE FOR SENATE, INC**

Full Name (Last, First, Middle Initial)

**A. CARD SERVICES**

Mailing Address P.O. BOX 84070

City  
COLUMBUSState  
GAZip Code  
31908Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

10292.34

Transaction ID : SB17.I8780

☐ Memo Item**B. AMAZON**Mailing Address CORPORATE HQ  
410 TERRY AVE NCity  
SEATTLEState  
WAZip Code  
98109Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

282.18

Transaction ID : SB17.I8794

☒ Memo Item**C. APPLE**Mailing Address CORPORATE HQ  
1 APPLE PARK WAYCity  
CUPERTINOState  
CAZip Code  
95014Purpose of Disbursement  
OFFICE EQUIPMENT

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1365.23

Transaction ID : SB17.I8795

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

10292.34

**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)

PAGE 14 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

TUBERVILLE FOR SENATE, INC

Full Name (Last, First, Middle Initial)

**A. AT&T**

Mailing Address 208 S AKARD STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

City  
DALLASState  
TXZip Code  
75202

FEC Identification Number

C

Purpose of Disbursement  
PHONE SERVICE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

193.89

Transaction ID : SB17.I8796

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**B. BIG BEACH BREWING**

Mailing Address 300 E 24TH AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

City  
GULF SHORESState  
ALZip Code  
36542

FEC Identification Number

C

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

487.74

Transaction ID : SB17.I8800

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

**C. DELTA AIRLINES**Mailing Address CORPORATE HQ  
1030 DELTA BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

City  
ATLANTAState  
GAZip Code  
30320

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

537.24

Transaction ID : SB17.I8798

☒ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

0.00

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)

PAGE 15 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

TUBERVILLE FOR SENATE, INC

Full Name (Last, First, Middle Initial)

**A. ENTERPRISE RENT-A-CAR**Mailing Address CORPORATE HQ  
600 CORPORATE PARK DRIVECity  
SAINT LOUISState  
MOZip Code  
63105Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

64.57

Transaction ID : SB17.I8799

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. GO RENTALS**

Mailing Address 3800 SOUTHERN BLVD

City  
WEST PALM BEACHState  
FLZip Code  
33406Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

839.59

Transaction ID : SB17.I8801

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. GOOGLE**

Mailing Address 1600 AMPITHEATER PARKWAY

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

84.00

Transaction ID : SB17.I8802

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

TUBERVILLE FOR SENATE, INC

Full Name (Last, First, Middle Initial)

**A. MARIOTT**Mailing Address CORPORATE HQ  
10400 FERNWOOD RDCity  
BETHESDAState  
MDZip Code  
20817Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

430.00

Transaction ID : SB17.I8797

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. MISSION BBQ**

Mailing Address 6482 LANDSDOWNE CT

City  
ALEXANDRIAState  
VAZip Code  
22315Purpose of Disbursement  
CATERING

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

2898.22

Transaction ID : SB17.I8803

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. SEVEN WEEKS COFFEE**

Mailing Address 44108 SAXONY TER

City  
ASHBURNState  
VAZip Code  
20147Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

68.27

Transaction ID : SB17.I8804

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

TUBERVILLE FOR SENATE, INC

Full Name (Last, First, Middle Initial)

**A. THE BEN AUTOGRAPH**

Mailing Address 251 N NARCISSUS AVE

City  
WEST PALM BEACHState  
FLZip Code  
33401Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

2424.07

Transaction ID : SB17.I8805

☒ Memo Item**B. UA SYSTEMS**

Mailing Address 301 SPARKMAN DR NW

City  
HUNTSVILLEState  
ALZip Code  
35899Purpose of Disbursement  
DONOR MEMENTOS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

428.35

Transaction ID : SB17.I8806

☒ Memo Item**C. UBER**Mailing Address CORPORATE HQ  
1455 MARKET STCity  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

188.99

Transaction ID : SB17.I8807

☒ 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 DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 20

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

**TUBERVILLE FOR SENATE, INC**

Full Name (Last, First, Middle Initial)

**A. JACKI GIL DESIGN**

Mailing Address 6578 JACARANDA DR NW

City  
HUNTSVILLEState  
ALZip Code  
35806Purpose of Disbursement  
PRINTING / POSTAGE / DELIVERY SERVICE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 15 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

8589.72

Transaction ID : SB17.I8757

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COX MANAGEMENT**

Mailing Address 157 CLIFF RD

City  
STERRETTState  
ALZip Code  
35147Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 19 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1508.00

Transaction ID : SB17.I8756

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**Mailing Address 1593 SPRING HILL ROAD  
SUITE 400City  
TYSONS CORNERState  
VAZip Code  
22812Purpose of Disbursement  
DATABASE MANAGEMENT

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
12 / 29 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1800.00

Transaction ID : SB17.I8755

☐ Memo Item

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

11897.72

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

34078.18

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

PAGE 19 OF 20

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 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)

**TUBERVILLE FOR SENATE, INC**

Full Name (Last, First, Middle Initial)

**A. TEAM HAGERTY**

Mailing Address PO BOX 50430

City  
NASHVILLEState  
TNZip Code  
37205Purpose of Disbursement  
CONTRIBUTIONCandidate Name  
HAGERTY, BILL, , ,

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN

District:

Category/  
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12	/	16	/	2025

FEC Identification Number

**C** C00718627

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB21.l8758

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

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

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Category/  
Type

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).....▶

2000.00

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

2000.00

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 20 OF 20

Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)☒ 13a  
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.01

TUBERVILLE FOR SENATE, INC

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2020

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

379 CHERRY STREET

City

AUBURN

State

AL

ZIP Code

36830

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

989841.37

Balance Outstanding at Close of This Period

10158.63

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
06 / 27 / 2019M M / D D / Y Y Y Y  
/ / NONEM M / D D / Y Y Y Y  
/ /M M / D D / Y Y Y Y  
/ /

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).....▶

10158.63

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

10158.63

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