

**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

FRIENDS OF DOC CHAI

ADDRESS (number and street)

144 BLUE HILLS ROAD

Check if different
than previously
reported. (ACC)

NORTH HAVEN

CT

06473

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00785634

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CT

01

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 /

01

D D /

01

Y Y Y Y

2026

through

M M /

03

D D /

31

Y Y Y Y

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

De Los Santos, Jonathan, , Mr.,

Signature of Treasurer

De Los Santos, Jonathan, , Mr.,

Date

M M /

07

D D /

28

Y Y Y Y

2026

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

FRIENDS OF DOC CHAI

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 2026

	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))	1110.42	1110.42
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1110.42	1110.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12108.26	12108.26
(b) Total Offsets to Operating Expenditures (from Line 14)	21.01	21.01
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	12087.25	12087.25
8. Cash on Hand at Close of Reporting Period (from Line 27)	5023.17	
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)	16000.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF DOC CHAI

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).....

480.30

480.30

(ii) Unitemized

630.12

630.12

(iii) TOTAL of contributions
from individuals

1110.42

1110.42

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

1110.42

1110.42

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

16000.00

16000.00

(b) All Other Loans.....

0.00

0.00

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

16000.00

16000.00

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

21.01

21.01

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).....

17131.43

17131.43

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.....	12108.26	12108.26
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12108.26	12108.26

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	17131.43
25. SUBTOTAL (add Line 23 and Line 24).....	17131.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12108.26
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5023.17

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 13

☒ 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)

FRIENDS OF DOC CHAI

Full Name (Last, First, Middle Initial)

Chu, David, , Mr.,

A. Mailing Address 15-20 Forest Glen Circle

City

Middletown

State

CT

Zip Code

06457

FEC ID number of contributing
federal political committee.

C

Name of Employer

CEMA

Occupation

Vice President

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

480.30

Date of Receipt

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

Transaction ID : SA11AI.4179

Amount of Each Receipt this Period

480.30

☐ Memo Item
Donation

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)..... ▶

480.30

480.30

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 13

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF DOC CHAI

Full Name (Last, First, Middle Initial)

CHAI, AMY FOGELSTROM DR, , ,

A.

Mailing Address 144 BLUE HILLS ROAD

City

NORTH HAVEN

State

CT

Zip Code

06473

FEC ID number of contributing
federal political committee.

C H2CT03102

Name of Employer

Self Employed

Occupation

Physician

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
01 / 22 / 2026

Transaction ID : SA13A.4206

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Loan

Full Name (Last, First, Middle Initial)

CHAI, AMY FOGELSTROM DR, , ,

B.

Mailing Address 144 BLUE HILLS ROAD

City

NORTH HAVEN

State

CT

Zip Code

06473

FEC ID number of contributing
federal political committee.

C H2CT03102

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2026

Transaction ID : SA13A.4212

Amount of Each Receipt this Period

6000.00

☐ Memo Item

Loan

Full Name (Last, First, Middle Initial)

CHAI, AMY FOGELSTROM DR, , ,

C.

Mailing Address 144 BLUE HILLS ROAD

City

NORTH HAVEN

State

CT

Zip Code

06473

FEC ID number of contributing
federal political committee.

C H2CT03102

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

16000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2026

Transaction ID : SA13A.4210

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Loan

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

16000.00

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

16000.00

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

PAGE 7 OF 13

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF DOC CHAI

Full Name (Last, First, Middle Initial)

A. Actra Online

Mailing Address 691 Morehouse Rd

Date of Disbursement

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

City
EastonState
CTZip Code
06612

FEC Identification Number

C	C00785634
---	-----------

Purpose of Disbursement
Memership

001

Amount of Each Disbursement this Period

227.40

Candidate Name
FRIENDS OF DOC CHAICategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

Transaction ID : SB17.4151

☐ Memo Item

State: CT

District: 01

Full Name (Last, First, Middle Initial)

B. custom print

Mailing Address 470 Lewis Ave #4048

Date of Disbursement

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

City
MeridenState
CTZip Code
06451

FEC Identification Number

C	C00785634
---	-----------

Purpose of Disbursement
Shirts

006

Amount of Each Disbursement this Period

414.77

Candidate Name
FRIENDS OF DOC CHAICategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

Transaction ID : SB17.4107

☐ Memo Item

State: CT

District: 01

Full Name (Last, First, Middle Initial)

C. Gwendolyn EddyMailing Address 53 Vine st
Flr 2

Date of Disbursement

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

City
MeridenState
CTZip Code
06451

FEC Identification Number

C	C00785634
---	-----------

Purpose of Disbursement
Political Consultant Payment

001

Amount of Each Disbursement this Period

5000.00

Candidate Name
FRIENDS OF DOC CHAICategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

Transaction ID : SB17.4128

☐ Memo Item

State: CT

District: 01

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

5642.17

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)

PAGE 8 OF 13

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF DOC CHAI

Full Name (Last, First, Middle Initial)

A. Gwendolyn EddyMailing Address 53 Vine st
Flr 2City
MeridenState
CTZip Code
06451Purpose of Disbursement
Poli Consult

001

Candidate Name
FRIENDS OF DOC CHAICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

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

FEC Identification Number

C C00785634

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4162

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. lightsource productions

Mailing Address 77 Wadsworth St

City
HartfordState
CTZip Code
06106Purpose of Disbursement
Video

006

Candidate Name
FRIENDS OF DOC CHAICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

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

FEC Identification Number

C C00785634

Amount of Each Disbursement this Period

1050.00

Transaction ID : SB17.4130

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. lightsource productions

Mailing Address 77 Wadsworth St

City
HartfordState
CTZip Code
06106Purpose of Disbursement
Video

004

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1050.00

Transaction ID : SB17.4163

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

4600.00

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)

PAGE 9 OF 13

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FRIENDS OF DOC CHAI

Full Name (Last, First, Middle Initial)

A. Soul Bowl

Mailing Address 1142 New Britain Ave

Date of Disbursement

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

City
West HartfordState
CTZip Code
06110

FEC Identification Number

C C00785634

Purpose of Disbursement
Food

007

Amount of Each Disbursement this Period

310.00

Transaction ID : SB17.4161

☐ Memo ItemCandidate Name
FRIENDS OF DOC CHAICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: CT District: 01Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼**B. Staples**

Mailing Address 1145 N Colony Rd

Date of Disbursement

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

City
WallingfordState
CTZip Code
06492

FEC Identification Number

C C00785634

Purpose of Disbursement
Paper

006

Amount of Each Disbursement this Period

75.49

Transaction ID : SB17.4117

☐ Memo ItemCandidate Name
FRIENDS OF DOC CHAICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: CT District: 01Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼**C. Staples**

Mailing Address 1145 N Colony Rd

Date of Disbursement

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

City
WallingfordState
CTZip Code
06492

FEC Identification Number

C

Purpose of Disbursement
Camp Mat

006

Amount of Each Disbursement this Period

48.04

Transaction ID : SB17.4148

☐ Memo Item

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼**SUBTOTAL** of Disbursements This Page (optional).....▶

433.53

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)

PAGE 10 OF 13

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF DOC CHAI

Full Name (Last, First, Middle Initial)

A. T-Mobile

Mailing Address 12920 SE

City
BellevueState
WAZip Code
98006Purpose of Disbursement
Phone

001

Candidate Name
FRIENDS OF DOC CHAICategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2026

FEC Identification Number

C C00785634

Amount of Each Disbursement this Period

298.10

Transaction ID : SB17.4149

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

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
-----	---	-----	---	---------

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

Category/
Type

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
-----	---	-----	---	---------

FEC Identification Number

C

Amount of Each Disbursement this Period

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

298.10

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

10973.80

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

PAGE 11 OF 13

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4206

FRIENDS OF DOC CHAI

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CHAI, AMY FOGELSTROM DR, , ,

Mailing Address

144 BLUE HILLS ROAD

City

NORTH HAVEN

State

CT

ZIP Code

06473

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
2027

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).....▶

5000.00

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)
LOANS

PAGE 12 OF 13

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 : SC/10.4212

FRIENDS OF DOC CHAI

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CHAI, AMY FOGELSTROM DR, , ,

Mailing Address

144 BLUE HILLS ROAD

City

NORTH HAVEN

State

CT

ZIP Code

06473

☒ Personal Funds of the Candidate

Original Amount of Loan

6000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 29 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
2027

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).....▶

6000.00

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 13 OF 13

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4210

FRIENDS OF DOC CHAI

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CHAI, AMY FOGELSTROM DR, , ,

Mailing Address

144 BLUE HILLS ROAD

City

NORTH HAVEN

State

CT

ZIP Code

06473

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 17 / 2026

M M / D D / Y Y Y Y

2027

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).....▶

5000.00

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

16000.00

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