

# 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  
**CAROL FOR CONGRESS**

ADDRESS (number and street)  1316 12TH ST  
 Check if different than previously reported. (ACC)  
**HUNTINGTON** **WV** **25701-4015**  
CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼  **C** C00653220  
3. IS THIS REPORT  **NEW** (N) **OR**  **AMENDED** (A)  
STATE ▼ DISTRICT  
**WV** **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  05 /  12 /  2026 in the State of  WV  
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  04 /  01 /  2026 through  04 /  22 /  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 **MOOSE, TAYLOR, , ,**  
Signature of Treasurer **MOOSE, TAYLOR, , ,** Date  04 /  30 /  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.

## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**CAROL FOR CONGRESS**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2026 To: M M / D D / Y Y Y Y 04 / 22 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	41001.39	1439427.11
(b) Total Contribution Refunds (from Line 20(d)) .....	250.00	12050.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	40751.39	1427377.11
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	41244.60	570918.85
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	1901.17
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	41244.60	569017.68
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>729464.08</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>417992.72</b>	

**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

**CAROL FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2500.00	420853.29
(ii) Unitemized.....	1.39	2685.24
(iii) TOTAL of contributions from individuals ▶	2501.39	423538.53
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	38500.00	1015888.58
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	41001.39	1439427.11
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	1901.17
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	41001.39	1441328.28

**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.....	41244.60	570918.85
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	3300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	250.00	8750.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	250.00	12050.00
21. OTHER DISBURSEMENTS .....	0.00	453600.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	41494.60	1036568.85

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	729957.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	41001.39
25. SUBTOTAL (add Line 23 and Line 24).....	770958.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41494.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	729464.08

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 23  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

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

Mailing Address 310 S SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314-3746

FEC ID number of contributing federal political committee. C

Name of Employer CROSSROADS STRATEGIES Occupation PRINCIPAL CONSULTANT

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2026

Transaction ID : AEAB646834477480E88E

Amount of Each Receipt this Period  
1000.00

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
194933.44

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 01 / 2026

Transaction ID : A7E08EBA4CCC44C22A03

Amount of Each Receipt this Period  
1000.00

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

**C.** Full Name (Last, First, Middle Initial)  
VAN PELT, JASON, , ,

Mailing Address 800 N CAPITOL ST NW  
STE 800

City WASHINGTON State DC Zip Code 20002-4398

FEC ID number of contributing federal political committee. C

Name of Employer CROSSROADS STRATEGIES Occupation LOBBYIST

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 09 / 2026

Transaction ID : A3FE2C9EEE2E342DD895

Amount of Each Receipt this Period  
1500.00

Memo Item  
EARMARKED (NON-DIRECTED) THROUGH WINRED

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2500.00

**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 6 OF 23  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

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

Mailing Address PO BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
194933.44

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 09 / 2026

Transaction ID : A58E804F915DA42EB9E6

Amount of Each Receipt this Period  
1500.00

Memo Item  
INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 23  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN ACADEMY OF PHYSICIAN ASSOCIATES PAC (AAPA PAC)

Mailing Address 2318 MILL RD  
STE 1300

City ALEXANDRIA State VA Zip Code 22314-6868

FEC ID number of contributing federal political committee. **C** C00122499

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2026

Transaction ID : A2E7AAA823FB241598DA

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN APPAREL & FOOTWEAR ASSOCIATION PAC

Mailing Address 740 6TH ST NW  
STE 4

City WASHINGTON State DC Zip Code 20001-3798

FEC ID number of contributing federal political committee. **C** C00338442

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2026

Transaction ID : A99D12F654239411E80A

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address 101 NORTH 3RD STREET

City MOORHEAD State MN Zip Code 56560-1952

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

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2026

Transaction ID : A233F1F9048054EB9B2D

Amount of Each Receipt this Period  
5000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 7000.00

**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)		PAGE 8 OF 23	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 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)  
**CAROL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC

Mailing Address PALLADIAN 1  
220 LEIGH FARM RD

City DURHAM State NC Zip Code 27707-8110

FEC ID number of contributing federal political committee. **C** C00077321

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2026

Transaction ID : AC5C9435986364E35B8B

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
AMERICAN MEDICAL ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVE NW  
STE 600

City WASHINGTON State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2026

Transaction ID : AB2CC3372270D4C448C1

Amount of Each Receipt this Period  
4000.00

Memo Item

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

Mailing Address 1 WEST FIRST AVENUE

City CONSHOHOCKEN State PA Zip Code 19428-1800

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2026

Transaction ID : A7BFEDE335479440BA88

Amount of Each Receipt this Period  
2500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	11500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 23  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

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

Mailing Address 1 WEST FIRST AVENUE

City CONSHOHOCKEN State PA Zip Code 19428-1800

FEC ID number of contributing federal political committee. **C** C00400929

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 15 / 2026

**Transaction ID : A89C27069CE8468081E**

Amount of Each Receipt this Period  
- 2500.00

Memo Item  
NSF- ORIG CONT DATED 4/13/26

**B.** Full Name (Last, First, Middle Initial)  
COLLEGE OF AMERICAN PATHOLOGISTS PAC

Mailing Address 1001 G ST NW  
STE 425

City WASHINGTON State DC Zip Code 20001-4545

FEC ID number of contributing federal political committee. **C** C00274944

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2026

**Transaction ID : A4E0D5769FD444B4D9A3**

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
CREATING A MAJORITY PARTY ACTION COMMITTEE (C.A.M.P.A.C.)

Mailing Address 913 S SAGINAW RD  
STE 209

City MIDLAND State MI Zip Code 48640-4602

FEC ID number of contributing federal political committee. **C** C00347476

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2026

**Transaction ID : AB2632C9C29564EC4ADF**

Amount of Each Receipt this Period  
2500.00

Memo Item

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

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

1000.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 OF 23  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
CSX CORPORATION GOOD GOVERNMENT FUND

Mailing Address 1331 PENNSYLVANIA AVE NW  
STE 560

City WASHINGTON State DC Zip Code 20004-1745

FEC ID number of contributing federal political committee. **C** C00163832

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

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

Transaction ID : AD402FD0667774E3E943

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
DARLING INGREDIENTS INC PAC (DARPAC)

Mailing Address 5601 N MACARTHUR BLVD

City IRVING State TX Zip Code 75038-2616

FEC ID number of contributing federal political committee. **C** C00777458

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2026

Transaction ID : A35A1A0E438FA45EFB86

Amount of Each Receipt this Period  
1000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF FARM SERVICE AGENCY COUNTY OFFICE EMPLOYEES INC PPC AKA NASCOE PAC

Mailing Address 1156 15TH ST NW  
STE 329

City WASHINGTON State DC Zip Code 20005-1714

FEC ID number of contributing federal political committee. **C** C00413567

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2026

Transaction ID : A5131C693C61B4B45AB4

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 3000.00

**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 11 OF 23  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

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

Mailing Address 430 N MICHIGAN AVE

City CHICAGO State IL Zip Code 60611-4011

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

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 09 / 2026

Transaction ID : AA9AB868EFB6D400D966

Amount of Each Receipt this Period  
3000.00

Memo Item

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

Mailing Address 1330 BRADDOCK PL  
STE 501

City ALEXANDRIA State VA Zip Code 22314-1650

FEC ID number of contributing federal political committee. **C** C00097865

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2026

Transaction ID : ABAD4C44A5C1A490FBA3

Amount of Each Receipt this Period  
2500.00

Memo Item

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

Mailing Address 235 E 42ND ST

City NEW YORK State NY Zip Code 10017-5703

FEC ID number of contributing federal political committee. **C** C00016683

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 20 / 2026

Transaction ID : A8BAAB5CA618F42FFB36

Amount of Each Receipt this Period  
1000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 6500.00

**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 12 OF 23  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**SANOFI US SERVICES INC. EMPLOYEES' PAC**

Mailing Address 1001 PENNSYLVANIA AVE NW  
FRNT 650

City WASHINGTON State DC Zip Code 20004-2560

FEC ID number of contributing federal political committee. **C** C00144345

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2026

**Transaction ID : A55A7B6316217422EBD2**

Amount of Each Receipt this Period  
1000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**THE COUNCIL OF INSURANCE AGENTS & BROKERS PAC**

Mailing Address 701 PENNSYLVANIA AVE NW  
STE 750

City WASHINGTON State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

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 Y  
04 / 20 / 2026

**Transaction ID : AC45CC0A8D9734F8DB2E**

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**THE COUNCIL OF INSURANCE AGENTS & BROKERS PAC**

Mailing Address 701 PENNSYLVANIA AVE NW  
STE 750

City WASHINGTON State DC Zip Code 20004-2661

FEC ID number of contributing federal political committee. **C** C00039578

Name of Employer Occupation

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 Y  
04 / 20 / 2026

**Transaction ID : A6BA336A859DD46ADA29**

Amount of Each Receipt this Period  
500.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3500.00

**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 13 OF 23  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
TRACTOR SUPPLY COMPANY PAC

Mailing Address 5401 VIRGINIA WAY

City BRENTWOOD State TN Zip Code 37027-7536

FEC ID number of contributing federal political committee. **C** C00763664

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2026

Transaction ID : A45ADA85DAE70415E8A2

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
TRACTOR SUPPLY COMPANY PAC

Mailing Address 5401 VIRGINIA WAY

City BRENTWOOD State TN Zip Code 37027-7536

FEC ID number of contributing federal political committee. **C** C00763664

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2026

Transaction ID : A1E88888B0D0C402AA53

Amount of Each Receipt this Period  
2000.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
UNITEDHEALTH GROUP INCORPORATED PAC (UNITEDHEALTH GROUP PAC)

Mailing Address 701 PENNSYLVANIA AVE NW  
STE 200

City WASHINGTON State DC Zip Code 20004-3610

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2026

Transaction ID : ABC9ABFA368734464ABC

Amount of Each Receipt this Period  
2000.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4500.00

**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)		PAGE 14 OF 23	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
UNITEDHEALTH GROUP INCORPORATED PAC (UNITEDHEALTH GROUP PAC)

Mailing Address 701 PENNSYLVANIA AVE NW  
STE 200

City WASHINGTON State DC Zip Code 20004-3610

FEC ID number of contributing federal political committee. **C** C00274431

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2026

Transaction ID : A69BA9A2138384BF2B19

Amount of Each Receipt this Period  
500.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
VERTEX PHARMACEUTICALS INCORPORATED PAC (VPAC)

Mailing Address 1050 K ST NW  
STE 1125

City WASHINGTON State DC Zip Code 20001-4954

FEC ID number of contributing federal political committee. **C** C00468660

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
04 / 13 / 2026

Transaction ID : AB72E3E6D23E44F7BB57

Amount of Each Receipt this Period  
1000.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	38500.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. 1892, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2026
Mailing Address PO BOX 577001		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60657-7321
Purpose of Disbursement RESEARCH	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 27052.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BDF1B5EE8F2E44620A6F
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. AMERICAN TRUCKING ASSOCIATION</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 80 M ST SE STE 800		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-3557
Purpose of Disbursement EVENT SITE RENTAL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 250.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B185823D13B344520BE2
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. BB&amp;T/TRUIST</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2026
Mailing Address 200 WEST 2ND STREET		FEC Identification Number C
City WINSTON SALEM	State NC	Zip Code 27101-4019
Purpose of Disbursement BANK FEES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 15.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BE5AA5D4C6C414349852
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	27317.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. CAPITOL HILL CLUB**

Mailing Address 300 FIRST ST. SE

City WASHINGTON State DC Zip Code 20003-1801

Purpose of Disbursement EVENT CATERING Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 04 / 17 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 4033.17

Transaction ID : BB75C34926CE749929BF

Memo Item

Full Name (Last, First, Middle Initial)  
**B. FOOD FOR THOUGHT CATERING**

Mailing Address 7001 N RIDGEWAY AVE

City LINCOLNWOOD State IL Zip Code 60712-2619

Purpose of Disbursement EVENT CATERING Category/Type

Candidate Name

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

State: District:

Date of Disbursement 04 / 20 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 484.71

Transaction ID : B6B92A09DB3D5483BBC7

Memo Item

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

Mailing Address 9433 RIDINGS BLVD

City DAYTON State OH Zip Code 45458-9732

Purpose of Disbursement WEB SERVICE Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 04 / 06 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 29.95

Transaction ID : B5890F9D93DAB4FFE94A

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 4547.83

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



# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 23	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. GOOGLE**

Mailing Address 1600 AMPHITHEATRE PKWY

City MOUNTAIN VIEW State CA Zip Code 94043-1351

Purpose of Disbursement WEB SERVICES Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 04 / 02 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 71.90

Transaction ID : BBC2CFE10CCB747198BE

Memo Item

Full Name (Last, First, Middle Initial)

**B. GRAND VALLEY CONSULTING LLC**

Mailing Address 1931 BEAVER LN

City MC LEAN State VA Zip Code 22101-5534

Purpose of Disbursement FUNDRAISING CONSULTING/SHIPPING/TRAVEL Category/Type 001

Candidate Name

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

State: District:

Date of Disbursement 04 / 07 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 8059.28

Transaction ID : B2C23FFE775DE418B9C7

Memo Item

Full Name (Last, First, Middle Initial)

**C. OSTERIA MORINI**

Mailing Address 301 WATER ST SE

City WASHINGTON State DC Zip Code 20003-3734

Purpose of Disbursement EVENT CATERING Category/Type

Candidate Name

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

State: District:

Date of Disbursement 04 / 10 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 1000.00

Transaction ID : B4402D8AD37F0499EA7A

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 9131.18

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 23			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. WINRED</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2026
Mailing Address PO BOX 9891		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22219-1891
Purpose of Disbursement EARMARK PROCESSING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 98.59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BA480CA796D0848C1BDE
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/ Type	
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	98.59
<b>TOTAL</b> This Period (last page this line number only).....▶	41094.60

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 23	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)  
**CAROL FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. LEAVITT FOR WEST VIRGINIA</b>		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026
Mailing Address PO BOX 4065		FEC Identification Number C
City CHARLESTON	State WV	Zip Code 25364-4065
Purpose of Disbursement REFUND: CONTRIBUTION REFUND		010
Candidate Name LEAVITT FOR WEST VIRGINIA		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 250.00
State: District:		Transaction ID : BC6E7F43C51F5465DB6A
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	250.00

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

NAME OF COMMITTEE (In Full) Transaction ID : CD71687CAD9C844CBAB8  
 CAROL FOR CONGRESS

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item MILLER, CAROL DEVINE, , ,		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1316 12TH STREET		
City HUNTINGTON	State WV	ZIP Code 25701-4015 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 15000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 15000.00
-------------------------------------	------------------------------------	---

<b>TERMS</b> Date Incurred M M / D D / Y Y Y Y 05 / 03 / 2018	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	--	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional).....▶	<input style="width: 100%;" type="text" value="15000.00"/>
<b>TOTALS</b> This Period (last page in this line only).....▶	<input style="width: 100%;" type="text"/>

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

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

NAME OF COMMITTEE (In Full) **CAROL FOR CONGRESS** Transaction ID : **C9085B73515FD4E78971**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item MILLER, CAROL DEVINE, , ,		Election: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1316 12TH STREET		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City HUNTINGTON	State WV	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	53100.00	146900.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 28 / 2018	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	146900.00
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

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

NAME OF COMMITTEE (In Full) Transaction ID : CDD1C5B7C7838437180A  
 CAROL FOR CONGRESS

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item MILLER, CAROL DEVINE, , ,		Election: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1316 12TH STREET		
City HUNTINGTON	State WV	ZIP Code 25701-4015 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 300000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 250000.00
--------------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred M M / D D / Y Y Y Y 10 / 15 / 2018	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--------------	--	---	--	---

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	250000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	411900.00

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)

FOR LINE NUMBER: (check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**CAROL FOR CONGRESS**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PRIME MEDIA LLC</b>			Nature of Debt (Purpose): <b>MEDIA CONSULTING/PRODUCTION</b>
Mailing Address 4201 WILSON BLVD. #110			
City ARLINGTON	State VA	Zip Code 22203-1859	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text" value="6092.72"/>	<b>Transaction ID : D7070B7579A0F44A09BB</b>	
Amount Incurred This Period <input style="width:90%;" type="text" value="0.00"/>	Payment This Period <input style="width:90%;" type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text" value="6092.72"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text"/>	
Amount Incurred This Period <input style="width:90%;" type="text"/>	Payment This Period <input style="width:90%;" type="text"/>	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period <input style="width:90%;" type="text"/>	Outstanding Balance at Close of This Period <input style="width:90%;" type="text"/>	
Amount Incurred This Period <input style="width:90%;" type="text"/>	Payment This Period <input style="width:90%;" type="text"/>	

1) <b>SUBTOTALS</b> This Period This Page (optional) .....	<input style="width:90%;" type="text" value="6092.72"/>
2) <b>TOTALS</b> This Period (last page this line number only) .....	<input style="width:90%;" type="text" value="6092.72"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	<input style="width:90%;" type="text" value="411900.00"/>
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	<input style="width:90%;" type="text" value="417992.72"/>