

**FEC
FORM 3P****REPORT OF RECEIPTS
AND DISBURSEMENTS**BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

Office Use Only

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

12FE4M5

MIKE PENCE FOR PRESIDENT

ADDRESS (number and street)

PO BOX 1030

Check if different
than previously
reported. (ACC)

MERRIFIELD

CITY

VA

STATE

22116

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C

C00842039

3. TYPE OF REPORT (Choose One)Check here if this is a Termination Report (TER) ☐

Quarterly Reports:

Monthly Reports:



April 15 (Q1)



October 15 (Q3)



Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)



July 15 (Q2)



January 31 Year-End Report (YE)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)



12-Day Pre-Election Report for the Election on

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

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

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

in the State of

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



30-Day Post-Election Report for the General Election on

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

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

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

4. IS THIS REPORT AN AMENDMENT?

yes



no

5. COVERING PERIODM M / D D / Y Y Y Y Y Y
06 / 01 / 2025M M / D D / Y Y Y Y Y Y
06 / 01 / 2025M M / D D / Y Y Y Y Y Y
06 / 01 / 2025

THROUGH

M M / D D / Y Y Y Y Y Y
06 / 30 / 2025M M / D D / Y Y Y Y Y Y
06 / 30 / 2025M M / D D / Y Y Y Y Y Y
06 / 30 / 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

REISNER, MICHELE, , ,

Signature of Treasurer

REISNER, MICHELE, , ,

Date

M M / D D / Y Y Y Y Y Y
07 / 20 / 2025M M / D D / Y Y Y Y Y Y
07 / 20 / 2025M M / D D / Y Y Y Y Y Y
07 / 20 / 2025NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.
All previous versions of this form are obsolete and should no longer be used.Office
Use
Only

FEC Form 3P (Rev. 05/2016)

Write or Type Committee Name

MIKE PENCE FOR PRESIDENT

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y Y
06 30 2025**SUMMARY**

6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	211763.67
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)	3577.14
8. SUBTOTAL (Lines 6 and 7)	215340.81
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 4)	3797.86
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8).....	211542.95
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	0.00
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P).....	126763.60
13. EXPENDITURES SUBJECT TO LIMITATION (Use the worksheet on Page 8 to calculate this amount.)	0.00

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B on Page 4 from 17e, Column B on Page 3).....	5090741.11
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B on Page 3 from 23, Column B on Page 4).....	5861246.06

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3P (Rev. 05/2016)

NAME OF COMMITTEE (in Full)

MIKE PENCE FOR PRESIDENT

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y
06 / 30 / 2025

I. RECEIPTS	COLUMN A	COLUMN B
	Total This Period	Election Cycle-to-Date
16. FEDERAL FUNDS (Itemize on Schedule A-P)	0.00	1015744.50
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	0.00	3234214.94
(ii) unitemized	0.00	2271627.41
(iii) Total contributions	0.00	5505842.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	34800.00
(d) The Candidate	0.00	50000.00
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	0.00	5590642.35
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate	0.00	0.00
(b) Other Loans	0.00	0.00
(c) TOTAL LOANS (Add 19(a) and 19(b))	0.00	0.00
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	3577.14	1634.67
(b) Fundraising	0.00	0.00
(c) Legal and Accounting	0.00	0.00
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	3577.14	1634.67
21. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	3577.14	6608021.52

DETAILED SUMMARY PAGE

FEC Form 3P (Rev. 05/2016)

of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

MIKE PENCE FOR PRESIDENT

Report Covering the Period:

From:

M 06 /

D 01 /

Y 2025

To:

M 06 /

D 30 /

Y 2025

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	3797.86	5862880.73
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
25. FUNDRAISING DISBURSEMENTS	0.00	0.00
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0.00	0.00
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0.00	0.00
(b) Other Repayments	0.00	0.00
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b))	0.00	0.00
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	487901.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees	0.00	12000.00
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0.00	499901.24
29. OTHER DISBURSEMENTS	0.00	0.00
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	3797.86	6362781.97

III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0.00	
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FEC Form 3P (Rev. 05/2016)
Federal Election Commission
1050 First Street, N.E.
Washington, D.C.

**ALLOCATION OF PRIMARY EXPENDITURES
BY STATE FOR
A PRESIDENTIAL CANDIDATE**
(Used Only by Primary Committees Receiving
or Expecting To Receive Federal Funds)

Page 5

1. NAME OF COMMITTEE (in full, type or print)

2. FEC IDENTIFICATION NUMBER

C

C00842039

MIKE PENCE FOR PRESIDENT

ADDRESS (number and street)

PO BOX 1030

MERRIFIELD

CITY

VA

STATE

22116

ZIP CODE

3. NAME OF CANDIDATE

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0.00	0.00
Alaska	0.00	0.00
Arizona	0.00	0.00
Arkansas	0.00	0.00
California	0.00	0.00
Colorado	0.00	0.00
Connecticut	0.00	0.00
Delaware	0.00	0.00
District of Columbia	0.00	0.00
Florida	0.00	0.00
Georgia	0.00	0.00
Hawaii	0.00	0.00
Idaho	0.00	0.00
Illinois	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana	0.00	0.00
Iowa	0.00	0.00
Kansas	0.00	0.00
Kentucky	0.00	0.00
Louisiana	0.00	0.00
Maine	0.00	0.00
Maryland	0.00	0.00
Massachusetts	0.00	0.00
Michigan	0.00	0.00
Minnesota	0.00	0.00
Mississippi	0.00	0.00
Missouri	0.00	0.00
Montana	0.00	0.00
Nebraska	0.00	0.00
Nevada	0.00	0.00
New Hampshire	0.00	0.00
New Jersey	0.00	0.00
New Mexico	0.00	0.00
New York	0.00	0.00
North Carolina	0.00	0.00
North Dakota	0.00	0.00
Ohio	0.00	0.00
Oklahoma	0.00	0.00
Oregon	0.00	0.00
Pennsylvania	0.00	0.00

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0.00	0.00
South Carolina	0.00	0.00
South Dakota	0.00	0.00
Tennessee	0.00	0.00
Texas	0.00	0.00
Utah	0.00	0.00
Vermont	0.00	0.00
Virginia	0.00	0.00
Washington	0.00	0.00
West Virginia	0.00	0.00
Wisconsin	0.00	0.00
Wyoming	0.00	0.00
Puerto Rico	0.00	0.00
Guam	0.00	0.00
Virgin Islands	0.00	0.00
TOTALS	0.00	0.00

SCHEDULE A-P **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:
(check only one)

☐ 16	☐ 17a	☐ 17b	☐ 17c	☐ 17d	☐ 18
☐ 19a	☐ 19b	☒ 20a	☐ 20b	☐ 20c	☐ 21

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

NAME OF COMMITTEE (In Full)

MIKE PENCE FOR PRESIDENT

A. Full Name (Last, First, Middle Initial)
NOVA BROKERAGE & MANAGEMENT SOLUTIONS

Mailing Address 20130 LAKEVIEW CENTER PLAZA

SUITE 300

City

ASHBURN

State

VA

Zip Code

20147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

3577.14

Transaction ID : SA20A.1464

Date of Receipt

M M / D D / Y Y Y Y
06 / 05 / 2025

REFUND: LIST RENTAL

Amount of Each Receipt this Period

3577.14

☐ Memo Item

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

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

Amount of Each Receipt this Period

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3577.14

Total This Period (last page this line number only)

3577.14

SCHEDULE B-P
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27a
☐ 27b ☐ 28a ☐ 28b ☐ 28c ☐ 29

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)

MIKE PENCE FOR PRESIDENT

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043Purpose of Disbursement
SUBSCRIPTIONS

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
06 / 02 / 2025

FEC Identification Number

C

Transaction ID : SB23.I1461

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1595 SPRING HILL RD
SUITE 500City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE SERVICES

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
06 / 09 / 2025

FEC Identification Number

C

Transaction ID : SB23.I1463

Amount of Each Disbursement this Period

1348.86

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BMO CONSULTING LLC

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219Purpose of Disbursement
COMPLIANCE CONSULTING

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
06 / 20 / 2025

FEC Identification Number

C

Transaction ID : SB23.I1462

Amount of Each Disbursement this Period

2350.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

3797.86

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

3797.86

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE PENCE FOR PRESIDENT

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

BEACON CONSULTING, LLC

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 421 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Outstanding Balance Beginning This Period

47332.57

Transaction ID : SD12.1

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

47332.57

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

BEACON CONSULTING, LLC

Nature of Debt (Purpose):

TRAVEL / PRINTING / POSTAGE /
CATERING

Mailing Address 421 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Outstanding Balance Beginning This Period

15281.62

Transaction ID : SD12.2

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15281.62

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

BEACON CONSULTING, LLC

Nature of Debt (Purpose):

TRAVEL / POSTAGE / CATERING

Mailing Address 421 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Outstanding Balance Beginning This Period

4763.01

Transaction ID : SD12.3

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4763.01

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

67377.20

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

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

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE PENCE FOR PRESIDENT

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

BEACON CONSULTING, LLC

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 421 1ST ST SE

City
WASHINGTON

State
DC

Zip Code
20003

Outstanding Balance Beginning This Period

7809.05

Transaction ID : SD12.4

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7809.05

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

HSP Direct, LLC

Nature of Debt (Purpose):

PRINTING / POSTAGE

Mailing Address 20130 LAKEVIEW CENTER PLAZA
SUITE 300

City
ASHBURN

State
VA

Zip Code
20147

Outstanding Balance Beginning This Period

1577.35

Transaction ID : SD12.5

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1577.35

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

TLC, THE LUKENS COMPANY

Nature of Debt (Purpose):

PRINTING / POSTAGE

Mailing Address 2800 SHIRLINGTON ROAD SUITE 900

City
ARLINGTON

State
VA

Zip Code
22206

Outstanding Balance Beginning This Period

2347.13

Transaction ID : SD12.6

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2347.13

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

11733.53

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

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

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

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate
schedule(s)
for each
numbered line)

FOR LINE NUMBER:
(check only one)

☐ 11
☒ 12

NAME OF COMMITTEE (In Full)

MIKE PENCE FOR PRESIDENT

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

TLC, THE LUKENS COMPANY

Nature of Debt (Purpose):

POSTAGE

Mailing Address 2800 SHIRLINGTON ROAD SUITE 900

City
ARLINGTON

State
VA

Zip Code
22206

Outstanding Balance Beginning This Period

4224.80

Transaction ID : SD12.7

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4224.80

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

TLC, THE LUKENS COMPANY

Nature of Debt (Purpose):

PRINTING

Mailing Address 2800 SHIRLINGTON ROAD SUITE 900

City
ARLINGTON

State
VA

Zip Code
22206

Outstanding Balance Beginning This Period

18284.17

Transaction ID : SD12.8

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18284.17

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

TLC, THE LUKENS COMPANY

Nature of Debt (Purpose):

PRINTING / POSTAGE

Mailing Address 2800 SHIRLINGTON ROAD SUITE 900

City
ARLINGTON

State
VA

Zip Code
22206

Outstanding Balance Beginning This Period

25143.90

Transaction ID : SD12.9

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25143.90

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

47652.87

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

126763.60

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

0.00

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

126763.60