

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND

ADDRESS (number and street) PO BOX 120 CLARENCE NY 14031 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00934109 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (X) (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 03 / 01 / 2026 through 03 / 31 / 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer BROGHAMER, KEVIN, , ,

Signature of Treasurer BROGHAMER, KEVIN, , , Date 04 / 01 / 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 3X (Rev. 05/2016)

Write or Type Committee Name

LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND

Report Covering the Period: From: 03 / 01 / 2026 To: 03 / 31 / 2026

Table with 2 columns: COLUMN A This Period, COLUMN B Calendar Year-to-Date. Rows include: 6. (a) Cash on Hand January 1, 2026 (0.00); (b) Cash on Hand at Beginning of Reporting Period (0.00); (c) Total Receipts (from Line 19) (150800.00); (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) (150800.00); 7. Total Disbursements (from Line 31) (150800.00); 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) (0.00); 9. Debts and Obligations Owed TO the Committee (0.00); 10. Debts and Obligations Owed BY the Committee (0.00).

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND

Report Covering the Period: From: 03 / 01 / 2026 To: 03 / 31 / 2026

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	150800.00	150800.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	150800.00	150800.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	150800.00	150800.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	150800.00	150800.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	150800.00	150800.00

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	4655.00	4655.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4655.00	4655.00
22. Transfers to Affiliated/Other Party Committees.....	146145.00	146145.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	150800.00	150800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	150800.00	150800.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	150800.00	150800.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	150800.00	150800.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4655.00	4655.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4655.00	4655.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

**A. PLATSCHEK, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 LAWRENCE AVENUE  
 City SEBRING State FL Zip Code 33870-3965  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) NURSING HOME MANAGEMENT  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.7**  
 Amount of Each Receipt this Period 1800.00  
 Memo Item  
 CONTRIBUTION  
 FOOD/BEVERAGE

**B. BEREA HEALTHCARE LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT STE 100  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.2**  
 Amount of Each Receipt this Period 6000.00  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW

**C. FISCHL, MAYER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT STE 100  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BEREA HEALTHCARE LLC Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 12000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.11**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

**A. GRINSPAN, ELI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 STE 100  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAMBRIDGE OPERATIONS, LLC Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 12000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.10**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. CAMBRIDGE OPERATIONS, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 SUITE 100  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.6**  
 Amount of Each Receipt this Period 6000.00  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW

**C. FISCHL, MAYER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 STE 100  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BERA HEALTHCARE LLC Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 12000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.23**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 8 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

**A. GRINSPAN, ELI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 STE 100  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAMBRIDGE OPERATIONS, LLC Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.22**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. CUMBERLAND KY OPCO, LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 STE 100  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.3**  
 Amount of Each Receipt this Period 6000.00  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW

**C. FISCHL, MAYER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 STE 100  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BERA HEALTHCARE LLC Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 12000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.13**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶  
**TOTAL** This Period (last page this line number only).....▶

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

**A. GRINSPAN, ELI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 STE 100  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAMBRIDGE OPERATIONS, LLC Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 12000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.12**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. DOVER MANOR OPERATIONS LLC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 6000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.1**  
 Amount of Each Receipt this Period 6000.00  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW

**C. FISCHL, MAYER, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 STE 100  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) BERA HEALTHCARE LLC Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) Aggregate Year-to-Date ▼ 12000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.9**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

**A. GRINSPAN, ELI, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 STE 100  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) CAMBRIDGE OPERATIONS, LLC Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 12000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.8**  
 Amount of Each Receipt this Period 3000.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. KLONDIKE NURSING AND REHABILITATION CENTER**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.5**  
 Amount of Each Receipt this Period 50000.00  
 Memo Item  
 CONTRIBUTION  
 SEE ATTRIBUTION BELOW

**C. BLOOM, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) KLONDIKE NURSING AND REHABILITATION CE Occupation (for Individual) PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 12500.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.19**  
 Amount of Each Receipt this Period 12500.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50000.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 11 OF 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

**A. GRINSPAN, ISAAC, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 KLONDIKE NURSING AND REHABILITATION CE PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2026  
**Transaction ID : SA11A.21**  
 Amount of Each Receipt this Period  
 12500.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**B. RUBENSTEIN, DAVID, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 KLONDIKE NURSING AND REHABILITATION CE PARTNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2026  
**Transaction ID : SA11A.18**  
 Amount of Each Receipt this Period  
 12500.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**C. ZOBERMAN, SARAH, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 300 PROVIDER COURT  
 City RICHMOND State KY Zip Code 40475-8488  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 KLONDIKE NURSING AND REHABILITATION CE PARTNER  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 12500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 19 / 2026  
**Transaction ID : SA11A.20**  
 Amount of Each Receipt this Period  
 12500.00  
 Memo Item  
 CONTRIBUTION  
 PARTNERSHIP ATTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶  
**TOTAL** This Period (last page this line number only).....▶

0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 18
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

**A. WOODLAND OAKS OPERATIONS LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 PROVIDER COURT  
STE 100

City RICHMOND State KY Zip Code 40475-8488

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2026

**Transaction ID : SA11A.4**

Amount of Each Receipt this Period  
75000.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW

**B. BERKOWITZ, CHESKEL, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 PROVIDER COURT  
STE 100

City RICHMOND State KY Zip Code 40475-8488

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

Name of Employer (for Individual) Occupation (for Individual)  
WOODLAND OAKS OPERATIONS LLC PARTNER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
18750.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2026

**Transaction ID : SA11A.16**

Amount of Each Receipt this Period  
18750.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

**C. FARKOVITS, JOSHUA, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 300 PROVIDER COURT  
STE 100

City RICHMOND State KY Zip Code 40475-8488

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

Name of Employer (for Individual) Occupation (for Individual)  
WOODLAND OAKS OPERATIONS LLC PARTNER

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
18750.00

Date of Receipt  
MM / DD / YYYY  
03 / 19 / 2026

**Transaction ID : SA11A.15**

Amount of Each Receipt this Period  
18750.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 18  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. LEIFER, JOEL, , ,**

Mailing Address 300 PROVIDER COURT  
STE 100

City RICHMOND State KY Zip Code 40475-8488

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

Name of Employer (for Individual) WOODLAND OAKS OPERATIONS LLC Occupation (for Individual) PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 18750.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.17**

Amount of Each Receipt this Period 18750.00

Memo Item  
CONTRIBUTION  
PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ZUPNICK, JOEL, , ,**

Mailing Address 300 PROVIDER COURT  
STE 100

City RICHMOND State KY Zip Code 40475-8488

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

Name of Employer (for Individual) WOODLAND OAKS OPERATIONS LLC Occupation (for Individual) PARTNER

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 18750.00

Date of Receipt 03 / 19 / 2026  
**Transaction ID : SA11A.14**

Amount of Each Receipt this Period 18750.00

Memo Item  
CONTRIBUTION  
PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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).....	150800.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

**A. PLATSCHEK, RICHARD, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 109 LAWRENCE AVENUE

City SEBRING State FL Zip Code 33870-3965

Purpose of Disbursement IN-KIND CONTRIBUTION

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 19 / 2026

FEC Identification Number C

Transaction ID : SB21B.7

Amount of Each Disbursement this Period 1800.00

Memo Item FOOD/BEVERAGE

**B. BROGHAMER COMPLIANCE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 72100

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 24 / 2026

FEC Identification Number C

Transaction ID : SB21B.I2

Amount of Each Disbursement this Period 1980.00

Memo Item

**C. CMDI**

Full Name (Last, First, Middle Initial)

Mailing Address 1595 SPRING HILL ROAD STE 500

City VIENNA State VA Zip Code 22182-2228

Purpose of Disbursement SOFTWARE

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 24 / 2026

FEC Identification Number C

Transaction ID : SB21B.I3

Amount of Each Disbursement this Period 875.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4655.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4655.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

Full Name (Last, First, Middle Initial)

**A. COMER FOR CONGRESS**

Mailing Address P.O. BOX 338

City  
TOMPKINSVILLE

State  
KY

Zip Code  
42167

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name

COMER, JAMES, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: KY District: 01

Date of Disbursement

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

FEC Identification Number

**C** C00588764

**Transaction ID : SB22.I10**

Amount of Each Disbursement this Period

7846.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. COMER FOR CONGRESS**

Mailing Address P.O. BOX 338

City  
TOMPKINSVILLE

State  
KY

Zip Code  
42167

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name

COMER, JAMES, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: KY District: 01

Date of Disbursement

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

FEC Identification Number

**C** C00588764

**Transaction ID : SB22.I7**

Amount of Each Disbursement this Period

13731.74

Memo Item

Full Name (Last, First, Middle Initial)

**C. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 22401

City  
LOUISVILLE

State  
KY

Zip Code  
40252

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name

GUTHRIE, S., BRETT BRETT, HON.,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

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

FEC Identification Number

**C** C00445023

**Transaction ID : SB22.I6**

Amount of Each Disbursement this Period

13731.74

Memo Item

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

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

35310.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

Full Name (Last, First, Middle Initial)

**A. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 22401

City  
LOUISVILLE

State  
KY

Zip Code  
40252

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name  
GUTHRIE, S., BRETT BRETT, HON.,

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2026

FEC Identification Number

C C00445023

**Transaction ID : SB22.I9**

Amount of Each Disbursement this Period

7846.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. LANGWORTHY FOR CONGRESS**

Mailing Address PO BOX 120

City  
CLARENCE

State  
NY

Zip Code  
14031

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name  
LANGWORTHY, NICK, , ,

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2026  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2026

FEC Identification Number

C C00817932

**Transaction ID : SB22.I5**

Amount of Each Disbursement this Period

13731.76

Memo Item

Full Name (Last, First, Middle Initial)

**C. LANGWORTHY FOR CONGRESS**

Mailing Address PO BOX 120

City  
CLARENCE

State  
NY

Zip Code  
14031

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name  
LANGWORTHY, NICK, , ,

Office Sought:  House  
 Senate  
 President  
State: NY District: 23

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
03 / 30 / 2026

FEC Identification Number

C C00817932

**Transaction ID : SB22.I8**

Amount of Each Disbursement this Period

7846.71

Memo Item

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

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

29425.18

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

Full Name (Last, First, Middle Initial)

### A. BRINGING REPUBLICAN EXCELLENCE TO TOWN PAC

Mailing Address PO BOX 22401

City  
LOUISVILLE

State  
KY

Zip Code  
40252-0401

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

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
0	3		3	0		2	0	2	6

FEC Identification Number

C C00483487

Transaction ID : SB22.I12

Amount of Each Disbursement this Period

9808.39

Memo Item

Full Name (Last, First, Middle Initial)

### B. CIRCLE THE WAGONS PAC

Mailing Address PO BOX 120

City  
CLARENCE

State  
NY

Zip Code  
14031

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

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
0	3		3	0		2	0	2	6

FEC Identification Number

C C00827881

Transaction ID : SB22.I11

Amount of Each Disbursement this Period

9808.39

Memo Item

Full Name (Last, First, Middle Initial)

### C. CREATING OPPORTUNITIES, MARKETS AND ENTHUSIASM IN RURAL KENTUCKY PAC

Mailing Address 228 S WASHINGTON ST  
STE. 115

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

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
0	3		3	0		2	0	2	6

FEC Identification Number

C C00650853

Transaction ID : SB22.I13

Amount of Each Disbursement this Period

9808.39

Memo Item

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

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

29425.17

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LANGWORTHY LEADERSHIP & ACCOUNTABILITY FUND**

Full Name (Last, First, Middle Initial)

### A. NRCC

Mailing Address 320 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
TRANSFER OF JOINT FUNDRAISING PROCEEDS

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** C00075820

**Transaction ID : SB22.I14**

Amount of Each Disbursement this Period

51984.46

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

State: District:

Disbursement For:

Primary  General  
 Other (specify)

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

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

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)..... ▶

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

51984.46

146145.00