

**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

Team Marshall II

ADDRESS (number and street)

PO Box 26141

Check if different
than previously
reported. (ACC)

Alexandria

VA

22313-6141

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00755074

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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)
- ☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)
- ☐ Termination Report
(TER)

(b) Monthly
Report
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)
(Non-Election
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)
(Non-Election
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

- ☒ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

08

04

2026

in the
State of

KS

(d) 30-Day
POST-Election
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the
State of

5. Covering Period

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

07

01

2026

through

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

07

15

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

MARSTON, CHRIS, , ,

Signature of Treasurer

MARSTON, CHRIS, , ,

Date

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

07

23

2026

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

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Team Marshall IIReport Covering the Period: From:

M M	D D	Y Y Y Y Y Y
07	01	2026

 To:

M M	D D	Y Y Y Y Y Y
07	15	2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2026		105598.89
(b) Cash on Hand at Beginning of Reporting Period.....	116460.90	
(c) Total Receipts (from Line 19)	17500.00	500125.32
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	133960.90	605724.21
7. Total Disbursements (from Line 31).....	65395.54	537158.85
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68565.36	68565.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Team Marshall II

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2026

To:

M M	/	D D	/	Y Y Y Y
07	/	15	/	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).....

17500.00

397702.05

(ii) Unitemized

0.00

250.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

17500.00

397952.05

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

96500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

17500.00

494452.05

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

5673.27

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))

17500.00

500125.32

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

17500.00

500125.32

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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	19230.10	213023.60
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19230.10	213023.60
22. Transfers to Affiliated/Other Party Committees.....	46165.44	320433.20
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	3702.05
(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	3702.05
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)) ..	65395.54	537158.85
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	65395.54	537158.85

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17500.00	494452.05
34. Total Contribution Refunds (from Line 28(d))	0.00	3702.05
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17500.00	490750.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	19230.10	213023.60
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	5673.27
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	19230.10	207350.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Team Marshall II

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

A. BENNION, BRADLEY, , ,

Mailing Address 12018 S. AMOUR CIRCLE

City
RIVERTONState
UTZip Code
84065-7302FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HEALTH EQUITYOccupation (for Individual)
CORP DEV

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2026

Transaction ID : SA11A.110867

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

B. GATHRIGHT, MICHAEL, , ,

Mailing Address 8147 STONE RIVER DR

City
FRISCOState
TXZip Code
75034-7283FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HEALTH EQUITYOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 14 / 2026

Transaction ID : SA11A.110866

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

C. JOHNS, WILLIAM, B., ,

Mailing Address 102 LINDA ISLE

City
NEWPORT BEACHState
CAZip Code
92660-7210FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INLAND GROUP, INCOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 07 / 2026

Transaction ID : SA11A.110518

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

3000.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 12
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 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)

Team Marshall II

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

A. NELSON, NORMAN, TERRY, ,

Mailing Address P.O. BOX 38

City
LONG ISLAND

State
KS

Zip Code
67647-0038

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF

Occupation (for Individual)
FARMING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

07 / 12 / 2026

Transaction ID : SA11A.110849

Amount of Each Receipt this Period

10000.00

☐ Memo Item
CONTRIBUTION

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

B. RAJASEKAR, SUNIL, , ,

Mailing Address 234 HERNANDEZ AVE

City
LOS GATOS

State
CA

Zip Code
95030-4173

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HEALTH EQUITY

Occupation (for Individual)
TECH

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 14 / 2026

Transaction ID : SA11A.110895

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

C. SELANDER, ROBERT, , ,

Mailing Address 11 ISLAND LANE
POINT OF VIEW

City
GREENWICH

State
CT

Zip Code
06830-7020

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

07 / 14 / 2026

Transaction ID : SA11A.110859

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

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

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

14500.00

17500.00

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

PAGE 8 OF 12

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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)

Team Marshall II

Full Name (Last, First, Middle Initial)

A. ALOFT HOTEL

Mailing Address 11620 ASH ST

City
LEAWOODState
KSZip Code
66211

Purpose of Disbursement

TRAVEL

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.I3107

Amount of Each Disbursement this Period

387.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1920 MCKINNEY AVENUE

City
DALLASState
TXZip Code
75201

Purpose of Disbursement

CC PROCESSING

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.I3110C

Amount of Each Disbursement this Period

261.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CASEY'S GENERAL STORE

Mailing Address 1420 FOSTER RD

City
ELLSWORTHState
KSZip Code
67439

Purpose of Disbursement

FOOD

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	6			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.I3107

Amount of Each Disbursement this Period

15.72

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

664.00

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

PAGE 9 OF 12

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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)

Team Marshall II

Full Name (Last, First, Middle Initial)

A. CASEY'S GENERAL STORE

Mailing Address 1420 FOSTER RD

City
ELLSWORTHState
KSZip Code
67439

Purpose of Disbursement

FOOD

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7		2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.I3107

Amount of Each Disbursement this Period

45.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ELECTION CFO

Mailing Address P.O. BOX 26141

City
ALEXANDRIAState
VAZip Code
22313

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2		2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.I3107

Amount of Each Disbursement this Period

518.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GREAT WOLF LODGE

Mailing Address 10401 CABELA DRIVE

City
KANSAS CITYState
KSZip Code
66111

Purpose of Disbursement

TRAVEL

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3		2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.I3108

Amount of Each Disbursement this Period

259.69

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

823.50

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

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

PAGE 10 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Team Marshall II

Full Name (Last, First, Middle Initial)

A. HOLIDAY INN

Mailing Address 1641 ANDERSON AVE

City
MANHATTANState
KSZip Code
66502

Purpose of Disbursement

TRAVEL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.I3108

Amount of Each Disbursement this Period

223.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARRIOTT

Mailing Address 10400 FERNWOOD ROAD

City
BETHESDAState
MDZip Code
20817

Purpose of Disbursement

TRAVEL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	4			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.I3109

Amount of Each Disbursement this Period

497.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE ELEVATED GROUP LLC

Mailing Address PO BOX 4333

City
CARTERSVILLEState
GAZip Code
30120

Purpose of Disbursement

FUNDRAISING EXPENSES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.I3109

Amount of Each Disbursement this Period

16082.39

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

16803.75

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

PAGE 11 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Team Marshall II

Full Name (Last, First, Middle Initial)

A. WALMART

Mailing Address 702 SOUTHWEST 8TH STREET

City
BENTONVILLEState
ARZip Code
72716

Purpose of Disbursement

OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	7			2	0	2	6		

FEC Identification Number

C

Transaction ID : SB21B.I31071

Amount of Each Disbursement this Period

412.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	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

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	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).....▶

412.65

18703.90

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)

PAGE 12 OF 12

☐ 21b ☒ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Team Marshall II

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 2ND STREET NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

NET DISTRIBUTION - OPERATING ACCOUNT

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 09 / 2026

FEC Identification Number

C C00027466

Transaction ID : SB22.I31062

Amount of Each Disbursement this Period

43326.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NRSC

Mailing Address 425 2ND STREET NE

City
WASHINGTON

State
DC

Zip Code
20002

Purpose of Disbursement

NET DISTRIBUTION - LEGAL PROCEEDINGS FUND

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 09 / 2026

FEC Identification Number

C C00027466

Transaction ID : SB22.I31063

Amount of Each Disbursement this Period

2839.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y 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)..... ►

46165.44

46165.44