

FEC
FORM 3XREPORT 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

LEADING THE FUTURE

ADDRESS (number and street)

675 S GREEN VALLEY PKWY

NUM 1333

HENDERSON

NV

89052

-

 Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

 C C009161143. 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:

<input type="checkbox"/>	Feb 20 (M2)	<input type="checkbox"/>	May 20 (M5)	<input type="checkbox"/>	Aug 20 (M8)	<input type="checkbox"/>	Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/>	Mar 20 (M3)	<input type="checkbox"/>	Jun 20 (M6)	<input type="checkbox"/>	Sep 20 (M9)	<input type="checkbox"/>	Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/>	Apr 20 (M4)	<input type="checkbox"/>	Jul 20 (M7)	<input type="checkbox"/>	Oct 20 (M10)	<input type="checkbox"/>	Jan 31 (YE)

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

<input type="checkbox"/>	Primary (12P)	<input type="checkbox"/>	General (12G)	<input type="checkbox"/>	Runoff (12R)
<input type="checkbox"/>	Convention (12C)	<input type="checkbox"/>	Special (12S)		

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

<input type="checkbox"/>	General (30G)	<input type="checkbox"/>	Runoff (30R)	<input type="checkbox"/>	Special (30S)

5. Covering Period

M M / D D / Y Y Y Y

08

M M / D D / Y Y Y Y

15

M M / D D / Y Y Y Y

2025

through

M M / D D / Y Y Y Y

12

M M / D D / Y Y Y Y

31

M M / D D / Y Y Y Y

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

GONZALEZ, BRITNEY, , ,

Signature of Treasurer

GONZALEZ, BRITNEY, , ,

Date

M M / D D / Y Y Y Y

01

M M / D D / Y Y Y Y

30

M M / D D / Y Y Y Y

2026

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

Office
Use
OnlyFEC FORM 3X
Rev. 05/2016

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page **2**

Write or Type Committee Name

LEADING THE FUTURE

Report Covering the Period: From:

M 08

D 15

Y 2025

To:

M 12

D 31

Y 2025

COLUMN A
This Period**COLUMN B**
Calendar Year-to-Date

6. (a) Cash on Hand January 1,	Y 2025	0.00
(b) Cash on Hand at Beginning of Reporting Period.....		0.00
(c) Total Receipts (from Line 19)	50310579.36	50310579.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50310579.36	50310579.36
7. Total Disbursements (from Line 31).....	11039407.59	11039407.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39271171.77	39271171.77
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

LEADING THE FUTURE

Report Covering the Period: From:

M M
08D D D
15Y Y Y Y Y
2025

To:

M M
12D D
31Y Y Y Y
2025

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).....	50100000.00	50100000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....►	50100000.00	50100000.00
(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)	50100000.00	50100000.00
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.).....	210579.36	210579.36
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))	50310579.36	50310579.36
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	50310579.36	50310579.36

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)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	539407.59	539407.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	539407.59	539407.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000000.00	10000000.00
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).....	500000.00	500000.00
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))..	11039407.59	11039407.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11039407.59	11039407.59

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)	50100000.00	50100000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50100000.00	50100000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	539407.59	539407.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	539407.59	539407.59

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 16

(check only one)

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

LEADING THE FUTURE

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

A. BROCKMAN, ANNA, , ,

Mailing Address INFORMATION REQUESTED
PER BEST EFFORTS

City _____ State _____ Zip Code _____

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 09	/	D = D 12	/	Y = Y 2025
-------------	---	-------------	---	---------------

Transaction ID : SA11A.543309

Amount of Each Receipt this Period

12500000.00

 Memo Item

CONTRIBUTION

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

12500000.00

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

B. BROCKMAN, GREG, , ,

Mailing Address INFORMATION REQUESTED
PER BEST EFFORTS

City _____ State _____ Zip Code _____

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 09	/	D = D 12	/	Y = Y 2025
-------------	---	-------------	---	---------------

Transaction ID : SA11A.543308

Amount of Each Receipt this Period

12500000.00

 Memo Item

CONTRIBUTION

Name of Employer (for Individual)

OPENAI

Occupation (for Individual)

PRESIDENT AND CO-FOUNDER

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

12500000.00

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

C. A16Z CAPITAL MANAGEMENT, LLC

Mailing Address 2865 SAND HILL RD

SUITE 101

City _____ State _____ Zip Code _____

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 08	/	D = D 22	/	Y = Y 2025
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Transaction ID : SA11A.539625

Amount of Each Receipt this Period

25000000.00

 Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW

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

50000000.00

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

50000000.00

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 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

LEADING THE FUTURE

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

A. ANDREESSEN, MARC, L., ,

Mailing Address PO BOX 1707

City LOS ALTOS	State CA	Zip Code 94023-1707
-------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 08	/	D = D 22	/	Y = Y 2025
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Transaction ID : SA11A.542040

Amount of Each Receipt this Period

12500000.00

 Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Name of Employer (for Individual)

ANDREESSEN HOROWITZ

Occupation (for Individual)

CO-FOUNDER

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

12500000.00

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

B. HOROWITZ, BENJAMIN, , ,

Mailing Address 7 FALCON VIEW COURT

City LAS VEGAS	State NV	Zip Code 89135-7867
-------------------	-------------	------------------------

FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 08	/	D = D 22	/	Y = Y 2025
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Transaction ID : SA11A.539627

Amount of Each Receipt this Period

12500000.00

 Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Name of Employer (for Individual)

ANDREESSEN HOROWITZ

Occupation (for Individual)

COFOUNDER AND GP

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

12500000.00

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

C. PERPLEX AI INC.

Mailing Address 115 SANOME ST
SUITE 900

City SAN FRANCISCO	State CA	Zip Code 94104
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FEC ID number of contributing
federal political committee.

C

Date of Receipt

M = M 08	/	D = D 22	/	Y = Y 2025
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Transaction ID : SA11A.30519

Amount of Each Receipt this Period

100000.00

 Memo Item

CONTRIBUTION

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

100000.00

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

100000.00

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

50100000.00

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 16

(check only one)

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

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NAME OF COMMITTEE (In Full)

LEADING THE FUTURE

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

A. CHAIN BRIDGE BANK

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

210579.36

Date of Receipt

M M 10	/	D D 01	/	Y Y Y Y Y 2025
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Transaction ID : SA17.30514

Amount of Each Receipt this Period

15568.68

Memo Item

INTEREST INCOME

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

B. CHAIN BRIDGE BANK

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

210579.36

Date of Receipt

M M 11	/	D D 03	/	Y Y Y Y Y 2025
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Transaction ID : SA17.30515

Amount of Each Receipt this Period

106418.30

Memo Item

INTEREST INCOME

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

C. CHAIN BRIDGE BANK

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

210579.36

Date of Receipt

M M 12	/	D D 01	/	Y Y Y Y Y 2025
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Transaction ID : SA17.30516

Amount of Each Receipt this Period

88563.21

Memo Item

INTEREST INCOME

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

210550.19

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

210550.19

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 16

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

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NAME OF COMMITTEE (In Full)
LEADING THE FUTURE

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

A. CHAIN BRIDGE BANK

Mailing Address 1445 A - LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

210579.36

Date of Receipt

M M 11	/ D D 14	/ Y Y Y Y Y 2025
-----------	-------------	---------------------

Transaction ID : SA17.30533

Amount of Each Receipt this Period

29.17

 Memo Item

INTEREST INCOME

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

B.

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

Date of Receipt

M M	/ D D	/ Y Y Y Y Y
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Amount of Each Receipt this Period

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 Memo Item

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:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
Other (specify) ▼	

Aggregate Year-to-Date ▼

Date of Receipt

M M	/ D D	/ Y Y Y Y Y
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Amount of Each Receipt this Period

,	,	,	,	,
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 Memo Item

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

29.17

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

210579.36

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)

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

PAGE 10 OF 16

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NAME OF COMMITTEE (In Full)

LEADING THE FUTURE

Full Name (Last, First, Middle Initial)

A. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DRIVE

City
MOUNTAIN BROOK

State
AL

Zip Code
35223

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DRIVE

City
MOUNTAIN BROOK

State
AL

Zip Code
35223

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DRIVE

City
MOUNTAIN BROOK

State
AL

Zip Code
35223

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 / D D / Y Y Y Y
09 26 2025

FEC Identification Number

C

Transaction ID : SB21B.I30484

Amount of Each Disbursement this Period

14550.00

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y
11 04 2025

FEC Identification Number

C

Transaction ID : SB21B.I30485

Amount of Each Disbursement this Period

7618.75

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y
11 24 2025

FEC Identification Number

C

Transaction ID : SB21B.I3048

Amount of Each Disbursement this Period

7500.00

Memo Item

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

29668.75

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

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)

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

PAGE 12 OF 16

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NAME OF COMMITTEE (In Full)

LEADING THE FUTURE

Full Name (Last, First, Middle Initial)

A. PRUSIK PARTNERS LLC

Mailing Address 1550 W HORIZON RIDGE PKWY
#660 STE R

City
HENDERSON

State
NV

Zip Code
89012

Purpose of Disbursement

LEGAL FEES

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. PRUSIK PARTNERS LLC

Mailing Address 1550 W HORIZON RIDGE PKWY
#660 STE R

City
HENDERSON

State
NV

Zip Code
89012

Purpose of Disbursement

MANAGEMENT CONSULTING

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. PRUSIK PARTNERS LLC

Mailing Address 1550 W HORIZON RIDGE PKWY
#660 STE R

City
HENDERSON

State
NV

Zip Code
89012

Purpose of Disbursement

LEGAL FEES / MANAGEMENT CONSULTING / WEBSITE SERVICES

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
10 31 2025

FEC Identification Number

C
Transaction ID : SB21B.I3050

Amount of Each Disbursement this Period

2500.00

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y Y
10 31 2025

FEC Identification Number

C
Transaction ID : SB21B.I30504

Amount of Each Disbursement this Period

25000.00

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y Y
11 17 2025

FEC Identification Number

C
Transaction ID : SB21B.I3050

Amount of Each Disbursement this Period

49490.50

Memo Item

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

76990.50

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

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)

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

PAGE 13 OF 16

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NAME OF COMMITTEE (In Full)

LEADING THE FUTURE

Full Name (Last, First, Middle Initial)

A. PRUSIK PARTNERS LLC

Mailing Address 1550 W HORIZON RIDGE PKWY
#660 STE R

City
HENDERSON

State
NV

Zip Code
89012

Purpose of Disbursement

MANAGEMENT CONSULTING

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. PRUSIK PARTNERS LLC

Mailing Address 1550 W HORIZON RIDGE PKWY
#660 STE R

City
HENDERSON

State
NV

Zip Code
89012

Purpose of Disbursement

LEGAL FEES / MANAGEMENT CONSULTING / STRATEGY CONSULTING

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. SCHOEN SURVEY RESEARCH LLC

Mailing Address 10295 COLLINS AVE

City
BAL HARBOUR

State
FL

Zip Code
33154

Purpose of Disbursement

POLLING

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
12 05 2025

FEC Identification Number

C
Transaction ID : SB21B.I30506

Amount of Each Disbursement this Period

35000.00

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y Y
12 11 2025

FEC Identification Number

C
Transaction ID : SB21B.I30507

Amount of Each Disbursement this Period

65165.50

Memo Item

Date of Disbursement

M M / D D / Y Y Y Y Y
10 28 2025

FEC Identification Number

C
Transaction ID : SB21B.I3050

Amount of Each Disbursement this Period

89000.00

Memo Item

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

189165.50

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

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

PAGE 14 OF 16

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NAME OF COMMITTEE (In Full)

LEADING THE FUTURE

Full Name (Last, First, Middle Initial)

A. WILEY REIN LLP

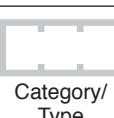
Mailing Address 1776 K STREET NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

LEGAL FEES

Candidate Name



Office Sought:

House
Senate
President

Disbursement For:



State:



District:

Full Name (Last, First, Middle Initial)

B. WILEY REIN LLP

Mailing Address 1776 K STREET NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

LEGAL FEES

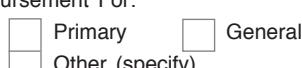
Candidate Name



Office Sought:

House
Senate
President

Disbursement For:



State:



District:

Full Name (Last, First, Middle Initial)

C. WILEY REIN LLP

Mailing Address 1776 K STREET NW

City
WASHINGTONState
DCZip Code
20006

Purpose of Disbursement

LEGAL FEES

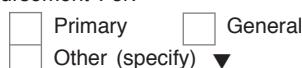
Candidate Name



Office Sought:

House
Senate
President

Disbursement For:



State:



District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y
10		09		2025

FEC Identification Number

C

Transaction ID : SB21B.I3049

Amount of Each Disbursement this Period

10000.00

 Memo Item

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y
11		17		2025

FEC Identification Number

C

Transaction ID : SB21B.I3049

Amount of Each Disbursement this Period

13130.00

 Memo Item

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y
12		11		2025

FEC Identification Number

C

Transaction ID : SB21B.I3050

Amount of Each Disbursement this Period

4310.00

 Memo Item

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

27440.00

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

539307.59

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)

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 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)

LEADING THE FUTURE

Full Name (Last, First, Middle Initial)

A. AMERICAN MISSION

Mailing Address 1540 W SUNSET ROAD
STE 100 PMB 2001

City
HENDERSON

State
NV

Zip Code
89014

Purpose of Disbursement

CONTRIBUTION EXPENSE

Candidate Name

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 12 15 2025

FEC Identification Number

C C00916692

Transaction ID : SB23.I30512

Amount of Each Disbursement this Period

5000000.00

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. THINK BIG

Mailing Address 3495 LAKESIDE DRIVE
#1209

City
RENO

State
NV

Zip Code
89509

Purpose of Disbursement

CONTRIBUTION EXPENSE

Candidate Name

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
 12 15 2025

FEC Identification Number

C C00923417

Transaction ID : SB23.I30509

Amount of Each Disbursement this Period

5000000.00

Memo Item

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

1000000.00

Memo Item

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

1000000.00

1000000.00

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

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 16 OF 16

<input 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 checked="" type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)

LEADING THE FUTURE

Full Name (Last, First, Middle Initial)

A. BUILD AMERICAN AI

Mailing Address P.O. BOX 9762

Date of Disbursement

<input type="checkbox"/>	M	M	/	<input type="checkbox"/>	D	D	/	<input type="checkbox"/>	Y	Y	Y	Y
	10				09				20	25		

City SEATTLE	State WA	Zip Code 98109
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Purpose of Disbursement

DONATION

Candidate Name

Category/ Type

Office Sought:	<input type="checkbox"/>	House	Disbursement For:	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
	<input type="checkbox"/>	Senate		<input type="checkbox"/>	Other (specify) ▼		
	<input type="checkbox"/>	President					

State: District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought:	<input type="checkbox"/>	House	Disbursement For:	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
	<input type="checkbox"/>	Senate		<input type="checkbox"/>	Other (specify)		
	<input type="checkbox"/>	President					

State: District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/ Type

Office Sought:	<input type="checkbox"/>	House	Disbursement For:	<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
	<input type="checkbox"/>	Senate		<input type="checkbox"/>	Other (specify) ▼		
	<input type="checkbox"/>	President					

State: District:

Date of Disbursement

<input type="checkbox"/>	M	M	/	<input type="checkbox"/>	D	D	/	<input type="checkbox"/>	Y	Y	Y	Y
	10				09				20	25		

FEC Identification Number

<input type="checkbox"/>	C			
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Transaction ID : SB29.I30513

Amount of Each Disbursement this Period

500000.00

 Memo Item

Date of Disbursement

<input type="checkbox"/>	M	M	/	<input type="checkbox"/>	D	D	/	<input type="checkbox"/>	Y	Y	Y	Y
	10				09				20	25		

FEC Identification Number

<input type="checkbox"/>	C			
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Amount of Each Disbursement this Period

500000.00

 Memo Item

Date of Disbursement

<input type="checkbox"/>	M	M	/	<input type="checkbox"/>	D	D	/	<input type="checkbox"/>	Y	Y	Y	Y
	10				09				20	25		

FEC Identification Number

<input type="checkbox"/>	C			
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Amount of Each Disbursement this Period

500000.00

 Memo Item

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

500000.00

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

500000.00