

**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

LEADING THE FUTURE

ADDRESS (number and street)

675 S GREEN VALLEY PKWY

NUM 1333

☐ Check if different than previously reported. (ACC)

HENDERSON

NV

89052

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00916114

3. IS THIS
REPORT☒NEW
(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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(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 Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 M /

D D D /

Y Y Y Y Y Y Y

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

LEADING THE FUTUREReport Covering the Period: From:

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

 To:

M M	/	D D	/	Y Y Y Y Y
12		31		2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2025</div></div>		<div><div></div><div>0.00</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>0.00</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>50310579.36</div></div>	<div><div></div><div>50310579.36</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div><div></div><div>50310579.36</div></div>	<div><div></div><div>50310579.36</div></div>
7. Total Disbursements (from Line 31)	<div><div></div><div>11039407.59</div></div>	<div><div></div><div>11039407.59</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>39271171.77</div></div>	<div><div></div><div>39271171.77</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



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 / D D / Y Y Y Y Y
08 / 15 / 2025

To:

M M / D D / Y Y Y Y Y
12 / 31 / 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)		
(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 RECEIPTSUse 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	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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**

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2025**Transaction ID : SA11A.543309**

Amount of Each Receipt this Period

12500000.00

☐ Memo Item**CONTRIBUTION**

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**

Name of Employer (for Individual)

OPENAI

Occupation (for Individual)

PRESIDENT AND CO-FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2025**Transaction ID : SA11A.543308**

Amount of Each Receipt this Period

12500000.00

☐ Memo Item**CONTRIBUTION**

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

C. A16Z CAPITAL MANAGEMENT, LLCMailing Address **2865 SAND HILL RD**
SUITE 101City State Zip Code
MENLO PARK CA 94025-7022FEC 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 ▼

25000000.00

Date of Receipt

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

Amount of Each Receipt this Period

25000000.00

☐ Memo Item**CONTRIBUTION****SEE ATTRIBUTION BELOW****SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

50000000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 16
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 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 ALTOSState
CAZip Code
94023-1707FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ANDREESSEN HOROWITZOccupation (for Individual)
CO-FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : SA11A.542040

Amount of Each Receipt this Period

12500000.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

B. HOROWITZ, BENJAMIN, , ,

Mailing Address 7 FALCON VIEW COURT

City
LAS VEGASState
NVZip Code
89135-7867FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ANDREESSEN HOROWITZOccupation (for Individual)
COFOUNDER AND GP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12500000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : SA11A.539627

Amount of Each Receipt this Period

12500000.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

C. PERPLEX AI INC.Mailing Address 115 SANSOME ST
SUITE 900City
SAN FRANCISCOState
CAZip Code
94104FEC 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 ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 22 / 2025

Transaction ID : SA11A.30519

Amount of Each Receipt this Period

100000.00

☐ Memo Item

CONTRIBUTION

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

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

100000.00

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)

☐ 11a ☐ 11b ☐ 11c ☐ 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. 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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210579.36

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 01 / 2025

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210579.36

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 03 / 2025

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:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210579.36

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 01 / 2025

Transaction ID : SA17.30516

Amount of Each Receipt this Period

88563.21

☐ Memo Item

INTEREST INCOME

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

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
(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 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. 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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210579.36

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 14 / 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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ 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:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

29.17

210579.36

<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

LEADING THE FUTURE

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

PAGE 11 OF 16

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

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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 BROOKState
ALZip Code
35223Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2							2	3				2025

FEC Identification Number

C Transaction ID : SB21B.I3048

Amount of Each Disbursement this Period

7500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PRUSIK PARTNERS LLCMailing Address 1550 W HORIZON RIDGE PKWY
#660 STE RCity
HENDERSONState
NVZip Code
89012Purpose of Disbursement
MANAGEMENT CONSULTING / BANK FEE / SUBSCRIPTION / TRAVEL

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0							0	7				2025

FEC Identification Number

C Transaction ID : SB21B.I30501

Amount of Each Disbursement this Period

147377.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PRUSIK PARTNERS LLCMailing Address 1550 W HORIZON RIDGE PKWY
#660 STE RCity
HENDERSONState
NVZip Code
89012Purpose of Disbursement
LEGAL FEES / MANAGEMENT CONSULTING / WEBSITE SERVICES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0							1	5				2025

FEC Identification Number

C Transaction ID : SB21B.I3050

Amount of Each Disbursement this Period

61165.50

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

216042.84

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

PAGE 12 OF 16

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

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NAME OF COMMITTEE (In Full)

LEADING THE FUTURE

Full Name (Last, First, Middle Initial)

A. PRUSIK PARTNERS LLCMailing Address 1550 W HORIZON RIDGE PKWY
#660 STE RCity
HENDERSONState
NVZip Code
89012

Purpose of Disbursement

LEGAL FEES

Candidate Name

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
1	0		3	1		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B.I3050:**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PRUSIK PARTNERS LLCMailing Address 1550 W HORIZON RIDGE PKWY
#660 STE RCity
HENDERSONState
NVZip Code
89012

Purpose of Disbursement

MANAGEMENT CONSULTING

Candidate Name

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
1	0		3	1		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B.I30504**

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PRUSIK PARTNERS LLCMailing Address 1550 W HORIZON RIDGE PKWY
#660 STE RCity
HENDERSONState
NVZip Code
89012

Purpose of Disbursement

LEGAL FEES / MANAGEMENT CONSULTING / WEBSITE SERVICES

Candidate Name

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
1	1		1	7		2	0	2	5		

FEC Identification Number

C**Transaction ID : SB21B.I3050**

Amount of Each Disbursement this Period

49490.50

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

76990.50

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

PAGE 13 OF 16

<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)

LEADING THE FUTURE

Full Name (Last, First, Middle Initial)

A. PRUSIK PARTNERS LLCMailing Address 1550 W HORIZON RIDGE PKWY
#660 STE RCity
HENDERSONState
NVZip Code
89012Purpose of Disbursement
MANAGEMENT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I30501

Amount of Each Disbursement this Period

35000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PRUSIK PARTNERS LLCMailing Address 1550 W HORIZON RIDGE PKWY
#660 STE RCity
HENDERSONState
NVZip Code
89012Purpose of Disbursement
LEGAL FEES / MANAGEMENT CONSULTING / STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify)Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I30507

Amount of Each Disbursement this Period

65165.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SCHOEN SURVEY RESEARCH LLC

Mailing Address 10295 COLLINS AVE

City
BAL HARBOURState
FLZip Code
33154Purpose of Disbursement
POLLING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0		/	2	8		/	2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.I3050

Amount of Each Disbursement this Period

89000.00

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

189165.50

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

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

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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:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	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

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:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	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

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:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

27440.00

539307.59

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

PAGE 15 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

LEADING THE FUTURE

Full Name (Last, First, Middle Initial)

A. AMERICAN MISSIONMailing Address 1540 W SUNSET ROAD
STE 100 PMB 2001City
HENDERSONState
NVZip Code
89014Purpose of Disbursement
CONTRIBUTION EXPENSE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C C00916692**Transaction ID : SB23.I30512**

Amount of Each Disbursement this Period

5000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THINK BIGMailing Address 3495 LAKESIDE DRIVE
#1209City
RENOState
NVZip Code
89509Purpose of Disbursement
CONTRIBUTION EXPENSE

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C C00923417**Transaction ID : SB23.I30509**

Amount of Each Disbursement this Period

5000000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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).....▶

10000000.00

10000000.00

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

PAGE 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

City
SEATTLEState
WAZip Code
98109

Purpose of Disbursement

DONATION

Candidate Name

Category/
Type

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	Y	Y
10			09			2025					

FEC Identification Number

C**Transaction ID : SB29.I30513**

Amount of Each Disbursement this Period

500000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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	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:

<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	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).....▶

500000.00

500000.00