

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

SCOTT FOR OHIO

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	<input type="text" value="1358.84"/>	<input type="text" value="32015.19"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="1358.84"/>	<input type="text" value="32015.19"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="4660.61"/>	<input type="text" value="34939.97"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="4660.61"/>	<input type="text" value="34939.97"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="0.00"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="3857.03"/>	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SCOTT FOR OHIO

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1054.62	22993.18
(ii) Unitemized	304.22	9022.01
(iii) TOTAL of contributions from individuals	1358.84	32015.19
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1358.84	32015.19
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	3857.03
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	3857.03
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	1358.84	35872.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4660.61	34939.97
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	932.25	932.25
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	932.25	932.25
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5592.86	35872.22

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4234.02
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1358.84
25. SUBTOTAL (add Line 23 and Line 24).....	5592.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5592.86
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 17
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

A. Full Name (Last, First, Middle Initial)
ORourke, Brian, , ,

Mailing Address 1852 Manchester Ct

City Valparaiso State IN Zip Code 46385

FEC ID number of contributing federal political committee. C

Name of Employer CLO Group Occupation Marketing Consultant

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1054.62

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 21 / 2026

Transaction ID : SA11AI.4654

Amount of Each Receipt this Period
1054.62

Memo Item
Donation

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1054.62
TOTAL This Period (last page this line number only).....▶	1054.62

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

Full Name (Last, First, Middle Initial) A. Dezfox LLC		Date of Disbursement MM / DD / YYYY 05 / 04 / 2026
Mailing Address 2149 W. 93rd St.		FEC Identification Number C
City Cleveland	State OH	Zip Code 44102
Purpose of Disbursement Monthly Wed Maintenance Fee		Amount of Each Disbursement this Period 40.00
Candidate Name		Transaction ID : SB17.4711
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Meehan, Eileen, , ,		Date of Disbursement MM / DD / YYYY 05 / 04 / 2026
Mailing Address 398n Glen Park Dr.		FEC Identification Number C
City Bay Village	State OH	Zip Code 44140
Purpose of Disbursement Facebook Post Boost		Amount of Each Disbursement this Period 353.00
Candidate Name		Transaction ID : SB17.4709
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Meta		Date of Disbursement MM / DD / YYYY 04 / 20 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number C
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		Amount of Each Disbursement this Period 260.00
Candidate Name		Transaction ID : SB17.4685
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	653.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Meta		M M / D D / Y Y Y Y 04 / 21 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	274.00
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4686
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Meta		M M / D D / Y Y Y Y 04 / 23 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	289.00
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4699
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Meta		M M / D D / Y Y Y Y 04 / 23 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	320.00
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4700
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	883.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Meta		M M / D D / Y Y Y Y 04 / 27 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	56.89
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4701
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Meta		M M / D D / Y Y Y Y 04 / 27 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	304.00
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4702
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Meta		M M / D D / Y Y Y Y 04 / 28 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	336.00
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4707
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	696.89
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Meta		M M / D D / Y Y Y Y 04 / 28 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	353.00
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4708
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Meta		M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	371.00
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4710
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Meta		M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		<input type="checkbox"/> Category/Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	389.00
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4715
State: District:		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1113.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Meta		M M / D D / Y Y Y Y 05 / 05 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	408.00
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB17.4718
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Meta		M M / D D / Y Y Y Y 05 / 06 / 2026
Mailing Address 1 Hacker Way		FEC Identification Number
City Menlo Park	State CA	Zip Code 94025
Purpose of Disbursement Facebook Post Boost		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	86.06
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB17.4719
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Stripe		M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		<input type="checkbox"/> Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For: 2026	1.57
<input type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	Transaction ID : SB17.4687
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
<input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	495.63
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement MM / DD / YYYY 04 / 20 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number C
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		Amount of Each Disbursement this Period 6.15
Candidate Name		Transaction ID : SB17.4688
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement MM / DD / YYYY 04 / 20 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number C
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		Amount of Each Disbursement this Period 1.57
Candidate Name		Transaction ID : SB17.4690
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. Stripe		Date of Disbursement MM / DD / YYYY 04 / 20 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number C
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		Amount of Each Disbursement this Period 3.40
Candidate Name		Transaction ID : SB17.4691
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	11.12
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number C
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		Amount of Each Disbursement this Period 0.75
Candidate Name		Transaction ID : SB17.4692
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number C
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		Amount of Each Disbursement this Period 0.75
Candidate Name		Transaction ID : SB17.4693
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Stripe		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number C
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		Amount of Each Disbursement this Period 3.40
Candidate Name		Transaction ID : SB17.4694
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4.90
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number C
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		Amount of Each Disbursement this Period 1.57
Candidate Name		Transaction ID : SB17.4695
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number C
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		Amount of Each Disbursement this Period 61.99
Candidate Name		Transaction ID : SB17.4704
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Stripe		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number C
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		Amount of Each Disbursement this Period 0.75
Candidate Name		Transaction ID : SB17.4705
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	64.31
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

Full Name (Last, First, Middle Initial) A. Stripe		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number C
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		Amount of Each Disbursement this Period 0.60
Candidate Name		Transaction ID : SB17.4706
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Stripe		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2026
Mailing Address 354 Oyster Point Blvd.		FEC Identification Number C
City South San Francisco	State CA	Zip Code 94080
Purpose of Disbursement Stripe Earmarked Contribution Fee		Amount of Each Disbursement this Period 0.60
Candidate Name		Transaction ID : SB17.4714
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Switchboard		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address P.O. Box 33485		FEC Identification Number C
City Washington	State DC	Zip Code 20033
Purpose of Disbursement April Bulk Text		Amount of Each Disbursement this Period 361.38
Candidate Name		Transaction ID : SB17.4717
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	362.58
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 17	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Switchboard		M M / D D / Y Y Y Y 06 / 04 / 2026	
Mailing Address P.O. Box 33485		FEC Identification Number	
City Washington	State DC	Zip Code 20033	C
Purpose of Disbursement May Bulk Text		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			368.18
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	Transaction ID : SB17.4720
State:	District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B.		M M / D D / Y Y Y Y	
Mailing Address		FEC Identification Number	
City	State	Zip Code	C
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Memo Item
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C.		M M / D D / Y Y Y Y	
Mailing Address		FEC Identification Number	
City	State	Zip Code	C
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Memo Item
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional).....▶	368.18
TOTAL This Period (last page this line number only).....▶	4652.61

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
 17 20a 18 20b 19a 20c 19b 21
PAGE 16 OF 17

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NAME OF COMMITTEE (In Full)
SCOTT FOR OHIO

Full Name (Last, First, Middle Initial)
A. Schulz, Scott, , ,

Mailing Address 615 Brooke Lane

City Bay Village State OH Zip Code 44140

Purpose of Disbursement
Campaign Loan Repayment

Candidate Name

Office Sought: House Senate President
State: OH District: 07

Disbursement For: 2026
 Primary General
 Other (specify) ▼

Date of Disbursement
M M / D D / Y Y Y Y
06 / 08 / 2026

FEC Identification Number
C H6OH07150

Amount of Each Disbursement this Period
932.25

Transaction ID : SB19A.4724

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) ▼

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) ▼

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).....▶	932.25
TOTAL This Period (last page this line number only).....▶	932.25

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4370**
SCOTT FOR OHIO

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Schulz, Scott, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 615 Brooke Lane		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Bay Village	State OH	ZIP Code 44140
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3857.03	0.00	3857.03

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 24 / 2025	5/12/26	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	3857.03
TOTALS This Period (last page in this line only).....▶	3857.03

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.