

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

DEBORAH ADEIMY FOR CONGRESS

ADDRESS (number and street)

PO BOX 20257

Check if different
than previously
reported. (ACC)

WEST PALM BEACH

FL

33416

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00791541

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

22

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)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

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

through

M M / D D / Y Y Y Y
03 / 31 / 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

Satterfield, David, , ,

Signature of Treasurer

Satterfield, David, , ,

Date

M M / D D / Y Y Y Y
04 / 15 / 2025

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 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DEBORAH ADEIMY FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2025

To:

MM / DD / YYYY
03 / 31 / 2025

	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))....	7539.04	7539.04
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	7539.04	7539.04
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8331.08	15497.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	8331.08	15497.58
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2816.10	
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)	22597.23	

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

DEBORAH ADEIMY FOR CONGRESS

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y
03 / 31 / 2025**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).....

1016.53

1016.53

(ii) Unitemized

465.51

465.51

(iii) TOTAL of contributions
from individuals ▶

1482.04

1482.04

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

6057.00

6057.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

7539.04

7539.04

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

0.00

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)..... ▶

7539.04

7539.04

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.....	8331.08	15497.58
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
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) ►	8331.08	15497.58

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3608.14
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7539.04
25. SUBTOTAL (add Line 23 and Line 24).....	11147.18
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	8331.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2816.10

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 17

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DEBORAH ADEIMY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Cook, Don, , ,

A.

Mailing Address 8656 Wendy Ln

City

West Palm Beach

State

FL

Zip Code

33411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

516.53

Date of Receipt

M M / D D / Y Y Y Y Y
03 10 2025

Transaction ID : SA11AI.5849

Amount of Each Receipt this Period

516.53

☐ Memo Item

WR EM Recd 3/24

Full Name (Last, First, Middle Initial)

Sanchez, Jorge, , ,

B.

Mailing Address 239 Southland Rd.

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 24 2025

Transaction ID : SA11AI.5845

Amount of Each Receipt this Period

500.00

☐ Memo Item

WR EM Recd 3/24

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

☐ Memo Item

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

1016.53

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

1016.53

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 17

☐ 11a ☐ 11b ☒ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DEBORAH ADEIMY FOR CONGRESS

Full Name (Last, First, Middle Initial)
WINRED

A. Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1122.05

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2025

Transaction ID : SA11C.5828

Amount of Each Receipt this Period

1122.05

☒ Memo Item

WR EM Total

Full Name (Last, First, Middle Initial)
WINRED

B. Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1482.04

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2025

Transaction ID : SA11C.5829

Amount of Each Receipt this Period

359.99

☒ Memo Item

WR EM Total

Full Name (Last, First, Middle Initial)

C. 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)..... ▶

0.00

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 17

☐ 11a ☐ 11b ☐ 11c ☒ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DEBORAH ADEIMY FOR CONGRESS

Full Name (Last, First, Middle Initial)

ADEIMY, DEBORAH, , ,

A.

Mailing Address PO BOX 15467

City

WEST PALM BEACH

State

FL

Zip Code

33416

FEC ID number of contributing
federal political committee.

C H2FL21132

Name of Employer

Self Employed

Occupation

Candidate

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6057.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2025

Transaction ID : SA11D.5855

Amount of Each Receipt this Period

6057.00

☐ Memo Item

In-Kind - Travel/Printing/Digital Services

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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)..... ▶

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

6057.00

6057.00

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DEBORAH ADEIMY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ADEIMY, DEBORAH, , ,

Mailing Address PO BOX 15467

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2025

City
WEST PALM BEACHState
FLZip Code
33416

FEC Identification Number

C H2FL21132Purpose of Disbursement
In-Kind: See Itemization Below

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6057.00

Transaction ID : SB17.5856

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Full Name (Last, First, Middle Initial)

B. Palm Beach Civic AssocMailing Address 139 N. Country Rd.
#33

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2025

City
Palm BeachState
FLZip Code
33480

FEC Identification Number

CPurpose of Disbursement
Membership Dues

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5856.0

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Palm Beach Republican ClubMailing Address 1555 Palm Beach Lakes Blvd.
#500

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2025

City
Palm BeachState
FLZip Code
33401

FEC Identification Number

CPurpose of Disbursement
Meeting Expense

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.5856.1

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

6057.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DEBORAH ADEIMY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Amazon

Mailing Address 410 Terry Ave. N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2025

City
SeattleState
WAZip Code
98109

FEC Identification Number

C

Purpose of Disbursement
Office Supplies

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

412.06

Transaction ID : SB17.5856.2

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. American Airlines

Mailing Address P O Box 619616

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2025

City
DFW AirportState
TXZip Code
75216

FEC Identification Number

C

Purpose of Disbursement
Airfare

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

506.96

Transaction ID : SB17.5856.3

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Marriott

Mailing Address 7750 Wisconsin Ave.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2025

City
BethesdaState
MDZip Code
20814

FEC Identification Number

C

Purpose of Disbursement
Lodging

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1279.00

Transaction ID : SB17.5856.9

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

0.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DEBORAH ADEIMY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Comcast/Xfinity

Mailing Address 1701 JFK Blvd.

City
PhiladelphiaState
PAZip Code
19103Purpose of Disbursement
Utilities

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
03		31		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

246.64

Transaction ID : SB17.5856.10

☒ Memo Item**B. USPS**

Mailing Address 401 S County Rd

City
Palm BeachState
FLZip Code
33480Purpose of Disbursement
Postage/Shipping

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
03		31		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

210.00

Transaction ID : SB17.5856.14

☒ Memo Item**C. Verizon**

Mailing Address 1 Verizon Way

City
Basking RidgeState
NJZip Code
07920Purpose of Disbursement
Utilities

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
03		31		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

239.00

Transaction ID : SB17.5856.15

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

0.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DEBORAH ADEIMY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Zionist Org of America

Mailing Address 633 3rd Ave.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	5

City
New YorkState
NYZip Code
10017

FEC Identification Number

C

Purpose of Disbursement
Event Tickets

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.5856.17

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheater Pkwy

Date of Disbursement

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

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
Advertising - See 1/16/25 CC Payment

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

247.73

Transaction ID : SB17.5824

☒ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Huckaby Davis Lisker

Mailing Address 228 S Washington St Ste 115

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	5

City
AlexandriaState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
FEC Compliance/Accounting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

707.50

Transaction ID : SB17.5821

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

707.50

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)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

DEBORAH ADEIMY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Print Bold Corp

Mailing Address 14320 SW 143rd Ct

City
Miami

State
FL

Zip Code
33186

Purpose of Disbursement
Printing - See 1/16/25 CC Payment

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
01 / 16 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

252.27

Transaction ID : SB17.5825

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Print Bold Corp

Mailing Address 14320 SW 143rd Ct

City
Miami

State
FL

Zip Code
33186

Purpose of Disbursement
Printing - See 2/13/25 CC Payment

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
02 / 13 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5826

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. Print Bold Corp

Mailing Address 14320 SW 143rd Ct

City
Miami

State
FL

Zip Code
33186

Purpose of Disbursement
Printing - See 3/10/25 CC Payment

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
03 / 10 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5827

☒ Memo Item

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

0.00

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

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

PAGE 13 OF 17

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DEBORAH ADEIMY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Truist Credit Card

Mailing Address PO Box 580340

City
CharlotteState
NCZip Code
28258Purpose of Disbursement
Credit Card Payment

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
0	1	/	1	6	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5818

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Truist Credit Card

Mailing Address PO Box 580340

City
CharlotteState
NCZip Code
28258Purpose of Disbursement
Credit Card Payment

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
0	2	/	1	3	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5819

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Truist Credit Card

Mailing Address PO Box 580340

City
CharlotteState
NCZip Code
28258Purpose of Disbursement
Credit Card Payment

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
0	3	/	1	0	/	2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.5820

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

1500.00

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

8264.50

SCHEDULE C (FEC Form 3)
LOANS

PAGE 14 OF 17

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4104

DEBORAH ADEIMY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

ADEIMY, DEBORAH, , ,

Mailing Address

PO BOX 15467

City

WEST PALM BEACH

State

FL

ZIP Code

33416

☒ Personal Funds of the Candidate

Original Amount of Loan

10440.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10440.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 26 / 2022M M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
NoneM M / D D / Y Y Y Y
None

0.00

% (apr)

☐ Yes☒ 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).....▶

10440.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 15 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4119

DEBORAH ADEIMY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

ADEIMY, DEBORAH, , ,

Mailing Address

PO BOX 15467

City

WEST PALM BEACH

State

FL

ZIP Code

33416

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 17 / 2022

M M / D D / Y Y Y Y

None

0.00

% (apr)

☐ Yes☒ 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).....▶

1000.00

TOTALS This Period (last page in this line only).....▶

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 16 OF 17

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4130

DEBORAH ADEIMY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

ADEIMY, DEBORAH, , ,

Mailing Address

PO BOX 15467

City

WEST PALM BEACH

State

FL

ZIP Code

33416

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 05 / 2023

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ 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).....▶

2000.00

TOTALS This Period (last page in this line only).....▶

13440.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 17 OF 17

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

DEBORAH ADEIMY FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Truist Credit Card

Nature of Debt (Purpose):

Credit Card Statement

Mailing Address PO Box 580340

City

Charlotte

State

NC

Zip Code

28258

Outstanding Balance Beginning This Period

8033.20

Transaction ID : SD10.5786

Amount Incurred This Period

516.03

Payment This Period

1500.00

Outstanding Balance at Close of This Period

7049.23

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Votertrove

Nature of Debt (Purpose):

Digital Services

Mailing Address 1309 Cofeen Ave

City

Sheridan

State

WY

Zip Code

82801

Outstanding Balance Beginning This Period

2108.00

Transaction ID : SD10.5788

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2108.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

9157.23

2) **TOTALS** This Period (last page this line number only)

9157.23

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

13440.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

22597.23