

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
FEC MAIL CENTER

2026 APR 15 PM 2:36
Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Wilneida NY-12 Committee

ADDRESS (number and street)

105 WEST 86TH STREET

PO BOX #312

NEW YORK

NY

10024

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00927095

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

NY

12

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 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 Y

in the
State of

5. Covering Period

M M /
01

D D /
01

Y Y Y Y Y
2026

through

M M /
03

D D /
31

Y Y Y Y Y
2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jasmine Zauberer

Signature of Treasurer

Jasmine Zauberer

Date

M M /
04

D D /
08

Y Y Y Y Y
2026

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

Office
Use
Only

FEC FORM 3
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name:

Wilneida NY-12 Committee

Report Covering the Period:

From:

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

To:

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

	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))	\$2,352	\$2,352
(b) Total Contribution Refunds (from Line 20(d))	0	0
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	\$2,352	\$2,352
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	\$10,858.03	\$10,858.03
(b) Total Offsets to Operating Expenditures (from Line 14)	0	0
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	\$10,858.03	\$10,858.03
8. Cash on Hand at Close of Reporting Period (from Line 27)	\$2352	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	\$10,188.03	

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)

Page 3

Write or Type Committee Name

Wilneida NY-12 Committee

Report Covering the Period:

From:

01^M / 01^D / 2026^Y

To:

03^M / 31^D / 2026^Y

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)

\$1,000

\$1000

(ii) Unitemized

\$1,132

\$1132

(iii) TOTAL of contributions from individuals

\$2,132

\$2,132

(b) Political Party Committees

0

0

(c) Other Political Committees (such as PACs)

0

0

(d) The Candidate

0

0

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

\$2,132

\$2,132

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0

0

13. LOANS:

(a) Made or Guaranteed by the Candidate

\$10,188.03

\$10,188.03

(b) All Other Loans

0

0

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

\$10,188.03

\$10,188.03

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0

0

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)

\$12,320.03

12,320.03

NO LONGER REQUIRED

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

Page 4

II. DISBURSEMENTS

COLUMN A Total This Period

COLUMN B Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	\$10,858.03	\$10,858.03
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0	0
(b) Of All Other Loans	0	0
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0	0
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0	0
21. OTHER DISBURSEMENTS	0	0
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	\$10,858.03	\$10,858.03

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	\$750
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	\$12,320.03
25. SUBTOTAL (add Line 23 and Line 24).....	\$12,320.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	\$10,858.03
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	\$1,462.00

2025 RELEASE UNDER E.O. 14176

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:

PAGE 1 OF 7

(check only one)

11a	11b	11c	11d	15
12	☒ 13a	13b	14	

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)

Wilneida NY-12 Committee

Full Name (Last, First, Middle Initial)

Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City
New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$10.00

Date of Receipt

01 / 01 / 2026

Amount of Each Receipt this Period

\$10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$ 844.17

Date of Receipt

01 / 11 / 2026

Amount of Each Receipt this Period

\$834.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$2,404.17

Date of Receipt

01 / 18 / 2026

Amount of Each Receipt this Period

\$1560.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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 2 OF 7

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

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NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

Full Name (Last, First, Middle Initial)

Wilneida Negron

A.

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$2870.00

Date of Receipt

MM / DD / YYYY
01 / 25 / 2026

Amount of Each Receipt this Period

\$465.83

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilneida Negron

B.

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$3,162.00

Date of Receipt

MM / DD / YYYY
02 / 01 / 2026

Amount of Each Receipt this Period

\$292.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilneida Negron

C.

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$3172.50

Date of Receipt

MM / DD / YYYY
02 / 01 / 2026

Amount of Each Receipt this Period

\$10.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

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 3 OF 7

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

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NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

Full Name (Last, First, Middle Initial)

Wilneida Negron

A.

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$3,302.50

Date of Receipt

02 / 15 / 2026

Amount of Each Receipt this Period

\$130.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilneida Negron

B.

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$3909.15

Date of Receipt

02 / 19 / 2026

Amount of Each Receipt this Period

\$606.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilneida Negron

C.

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$4290.10

Date of Receipt

02 / 19 / 2026

Amount of Each Receipt this Period

\$380.95

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 4 OF 7
(check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Wilneida NY-12 Committee

Full Name (Last, First, Middle Initial) A. Wilneida Negron		Date of Receipt MM / DD / YYYY 03 / 01 / 2026	
Mailing Address 65 West 85th Street Apartment B		Amount of Each Receipt this Period \$476.67 ☐ Memo Item	
City New York	State NY		Zip Code 10024
FEC ID number of contributing federal political committee. C			
Name of Employer Coworker	Occupation Director of Policy		
Receipt For: ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date \$4766.77	

Full Name (Last, First, Middle Initial) B. Wilneida Negron		Date of Receipt MM / DD / YYYY 03 / 01 / 2026	
Mailing Address 65 West 85th Street Apartment B		Amount of Each Receipt this Period \$246.63 ☐ Memo Item	
City New York	State NY		Zip Code 10024
FEC ID number of contributing federal political committee. C			
Name of Employer Coworker	Occupation Director of Policy		
Receipt For: ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date \$5013.40	

Full Name (Last, First, Middle Initial) C. Wilneida Negron		Date of Receipt MM / DD / YYYY 03 / 01 / 2026	
Mailing Address 65 West 85th Street Apartment B		Amount of Each Receipt this Period \$15.00 ☐ Memo Item	
City New York	State NY		Zip Code 10024
FEC ID number of contributing federal political committee. C			
Name of Employer Coworker	Occupation Director of Policy		
Receipt For: ☒ Primary ☐ General ☐ Other (specify) ▼		Election Cycle-to-Date \$5028.40	

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

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)

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

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NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

Full Name (Last, First, Middle Initial)

A. Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$5038.40

Date of Receipt

03 / 01 / 2026

Amount of Each Receipt this Period

\$10.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$5135.90

Date of Receipt

03 / 08 / 2026

Amount of Each Receipt this Period

\$97.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilneida Negron

C. Mailing Address 65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$5400.13

Date of Receipt

03 / 16 / 2026

Amount of Each Receipt this Period

\$264.23

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

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

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 7

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

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NAME OF COMMITTEE (In Full)
Wilneida NY-12 Committee

Full Name (Last, First, Middle Initial)

Wilneida Negron

A.

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$5562.63

Date of Receipt

MM / DD / YYYY
03 / 16 / 2026

Amount of Each Receipt this Period

\$162.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilneida Negron

B.

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$5627.63

Date of Receipt

MM / DD / YYYY
03 / 23 / 2026

Amount of Each Receipt this Period

\$65.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilneida Negron

C.

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$6988.03

Date of Receipt

MM / DD / YYYY
03 / 23 / 2026

Amount of Each Receipt this Period

\$1360.00

☐ Memo Item

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

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

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 **7**

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

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NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

Full Name (Last, First, Middle Initial)

Wilneida Negron

A.

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$9488.03

Date of Receipt

MM / DD / YYYY
03 / 24 / 2026

Amount of Each Receipt this Period

\$2500

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilneida Negron

B.

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

Zip Code

10024

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coworker

Occupation

Director of Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

\$10,188.03

Date of Receipt

MM / DD / YYYY
03 / 25 / 2026

Amount of Each Receipt this Period

\$700.00

☐ 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

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

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

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

\$10,188.03

NONDISCRIMINATION NOTICE

**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 1 OF 3

☒ 7
20a ☐ 18
20b ☐ 19a
20c ☐ 19b
☐ 21

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NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

Full Name (Last, First, Middle Initial)

A. Icebreaker.agency

Mailing Address

City Valencia, Spain

State

Zip Code

Purpose of Disbursement
website design

Candidate Name
Wilneida Negron

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Full Name (Last, First, Middle Initial)

Date of Disbursement

03 / 29 / 2026

FEC Identification Number

C 00927095

Amount of Each Disbursement this Period

\$4,084.17

☐ Memo Item

B. Custom Ink LLC

Mailing Address
1640 Boro Place Suite 301

City Tysons

State VA

Zip Code 22102

Purpose of Disbursement
custom tshirts and tote bags

Candidate Name
Wilneida Negron

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Full Name (Last, First, Middle Initial)

Date of Disbursement

02 / 19 / 2026

FEC Identification Number

C 00927095

Amount of Each Disbursement this Period

\$987.60

☐ Memo Item

C. Meta

Mailing Address
1 Meta Way

City Menlo Park

State CA

Zip Code 94025

Purpose of Disbursement
Online ads

Candidate Name
Wilneida Negron

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For:
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Date of Disbursement

02/24/2026 and 03/26/2026

FEC Identification Number

C 00927095

Amount of Each Disbursement this Period

\$396.63

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)

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 **2** OF **3**

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

Full Name (Last, First, Middle Initial)

A. Printleaf

Mailing Address

30 W 47th St #405

City New York

State NY

Zip Code 10036

Purpose of Disbursement

Room board and table cloth

Candidate Name

Wilneida Negron

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
Other (specify) ▼

State: NY District: 12

Date of Disbursement

03 / 16 / 2026

FEC Identification Number

C 00927095

Amount of Each Disbursement this Period

\$264.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Voter Contact Campaign Printing

Mailing Address

2591 Dallas Parkway, Suite 300

City Frisco

State TX

Zip Code 75034

Purpose of Disbursement

Palm cards and posters

Candidate Name

Wilneida Negron

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
Other (specify) ▼

State: NY District:

Date of Disbursement

08 / 23 / 2026

FEC Identification Number

C 00927095

Amount of Each Disbursement this Period

\$1,360.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Law Office of Aaron S. Foldenauer

Mailing Address

30 Wall Street, 8th Floor

City New York

State NY

Zip Code 10005

Purpose of Disbursement

compliance/legal advice

Candidate Name

Wilneida Negron

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
Other (specify) ▼

State: NY District: 12

Date of Disbursement

08 / 24 / 2026

FEC Identification Number

C 00927095

Amount of Each Disbursement this Period

\$2500.00

☐ Memo Item

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

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 3 OF 3

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

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)

Wilneida NY-12 Committee

Full Name (Last, First, Middle Initial)

A. Third Eye Vision / Jonathan Bishop

Mailing Address

City

Brooklyn

State

NY

Zip Code

Purpose of Disbursement

videography

Candidate Name

Wilneida Negron

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☒

Primary

☐

General

☐

Other (specify) ▼

State: NY

District: 12

Date of Disbursement

03 / 25 / 2026

FEC Identification Number

C 00927095

Amount of Each Disbursement this Period

\$700.00

☐ Memo Item

B. Vladimir Kolesnikov Photography

Mailing Address

208 W 80th St, New York, NY 10024

City

New York

State

NY

Zip Code

10024

Purpose of Disbursement

Photography

Candidate Name

Wilneida Negron

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☒

Primary

☐

General

☐

Other (specify) ▼

State: NY

District: 12

Date of Disbursement

02 / 27 / 2026

FEC Identification Number

C 00927095

Amount of Each Disbursement this Period

\$250.00

☐ Memo Item

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐

House

☐

Senate

☐

President

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

State:

District:

Date of Disbursement

/ /

FEC Identification Number

C 00927095

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$10,543.03

**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 4 OF

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

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)

Full Name (Last, First, Middle Initial)

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

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).....▶

**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 20

☒ 17 18 19a 19b
20a 20b 20c 21

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)

Full Name (Last, First, Middle Initial)

A. Wilneida Negron

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Date of Disbursement

M M / D D / Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 1 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒

Personal Funds of the Candidate

Original Amount of Loan

\$10.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$10.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y

M M /

D D /

Y Y Y Y

% (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).....▶

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)

LOANS

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

PAGE 2 OF 20
FOR LINE NUMBER:
(check only one) ☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Wilneida Negron

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$834.17

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$834.17

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y

M M /

D D /

Y Y Y Y

% (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).....▶

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)

LOANS

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

PAGE 3 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Wilneida NY-12 Committee

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$1,560.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$1,560.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y

M M /

D D /

Y Y Y Y

% (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).....▶

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)
LOANS

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

PAGE 4 OF 20

FOR LINE NUMBER:
(check only one)

☒ 3a
13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

65 West 85th Street Apartment B

Mailing Address

New York

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

\$465.83

0

\$465.83

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y

M M /

D D /

Y Y Y Y

% (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).....▶

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)
LOANS

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

PAGE 5 OF 20

FOR LINE NUMBER:
(check only one)

☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

Wilneida Negron

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$292.50

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$292.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y

M M /

D D /

Y Y Y Y

% (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).....▶

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)
LOANS

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

PAGE **6** OF **20**

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$10.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$10.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y

M M /

D D /

Y Y Y Y

% (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).....▶

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)
LOANS

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

PAGE 7 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$130.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$130.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

% (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).....▶

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)
LOANS

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

PAGE 8 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Wilneida Negrón

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$606.65

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$606.65

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

% (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).....▶

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)
LOANS

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

PAGE 9 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$380.95

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$380.95

TERMS

Date Incurred

MM / DD / YYYY

Date Due

MM / DD / YYYY

Interest Rate
(If none, enter 0)

% (apr)

Secured:

☐ 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).....▶

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)
LOANS

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

PAGE 10 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

Wilneida Negron

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$476.67

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$476.67

TERMS

Date Incurred

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

Date Due

Interest Rate
(If none, enter 0)

% (apr)

Secured:

☐ 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).....▶

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)
LOANS

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

PAGE 11 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$246.63

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$246.63

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

% (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).....▶

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)
LOANS

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

PAGE 12 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒

Personal Funds of the Candidate

Original Amount of Loan

\$12

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$12

TERMS

Date Incurred

M M / D D / Y Y Y Y

Date Due

M M / D D / Y Y Y Y

Interest Rate
(If none, enter 0)

% (apr)

Secured:

☐ 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).....▶

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)
LOANS

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

PAGE **13** OF **20**
FOR LINE NUMBER:
(check only one) ☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Wilneida Negrón

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$10.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$10.00

TERMS

Date Incurred

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

Date Due

Interest Rate
(If none, enter 0)

% (apr)

Secured:

☐ 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).....▶

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)
LOANS

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

PAGE 14 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$97.50

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$97.50

TERMS

Date Incurred

M M / D D / Y Y Y Y

Date Due

M M / D D / Y Y Y Y

Interest Rate
(If none, enter 0)

% (apr)

Secured:

☐ 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).....▶

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)
LOANS

NAME OF COMMITTEE (In Full) Wilneida NY-12 Committee					
LOAN SOURCE Full Name (Last, First, Middle Initial) Wilneida Negron				☐ Memo Item	
Mailing Address 65 West 85th Street Apartment B				Election: ☒ Primary ☐ General ☐ Other (specify) ▼	
City New York		State NY		ZIP Code 10024	
				☒ Personal Funds of the Candidate	
Original Amount of Loan \$264.23		Cumulative Payment To Date 0		Balance Outstanding at Close of This Period \$264.23	
TERMS MM / DD / YYYY		Date Incurred MM / DD / YYYY		Date Due MM / DD / YYYY	
Interest Rate (If none, enter 0)		Secured:		☐ 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).....▶				_____	
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)
LOANS

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

PAGE 16 OF 20

FOR LINE NUMBER:
(check only one)

13a
13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$162.50

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$162.50

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

% (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).....▶

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)
LOANS

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

PAGE 17 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Wilneida Negrón

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$65.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$65.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y

M M /

D D /

Y Y Y Y

% (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).....▶

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)
LOANS

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

PAGE 18 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary
☐ General
☐ Other (specify) ▼

Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$1,360.40

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$1,360.40

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

% (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).....▶

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)
LOANS

NAME OF COMMITTEE (In Full) Wilneida NY-12 Committee					
LOAN SOURCE Full Name (Last, First, Middle Initial) Wilneida Negron				☐ Memo Item	
Mailing Address 65 West 85th Street Apartment B				Election: ☒ Primary ☐ General ☐ Other (specify) ▼	
City New York		State NY		ZIP Code 10024	
				☒ Personal Funds of the Candidate	
Original Amount of Loan \$2,500.00		Cumulative Payment To Date 0		Balance Outstanding at Close of This Period \$2,500.00	
TERMS MM / DD / YYYY		Date Incurred MM / DD / YYYY		Date Due MM / DD / YYYY	
Interest Rate (If none, enter 0)				% (apr) ☐ Yes ☐ No	
Secured:					
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)					
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)
LOANS

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

PAGE 20 OF 20

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Wilneida NY-12 Committee

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Wilneida Negron

Mailing Address

65 West 85th Street Apartment B

City

New York

State

NY

ZIP Code

10024

☒ Personal Funds of the Candidate

Original Amount of Loan

\$700.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

\$700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

% (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).....▶

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-1 (FEC Form 3)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C.

NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER C		
LENDING INSTITUTION (LENDER) Full Name			Amount of Loan 		Interest Rate (APR) %
Mailing Address			Date Incurred or Established MM / DD / YYYY		MM / DD / YYYY
City	State	Zip Code	Date Due MM / DD / YYYY		MM / DD / YYYY
A. Has loan been restructured? ☐ No ☐ Yes			If yes, date originally incurred MM / DD / YYYY		
B. If line of credit, Amount of this Draw:			Total Outstanding Balance:		
C. Are other parties secondarily liable for the debt incurred? ☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? ☐ No ☐ Yes If yes, specify: _____				What is the value of this collateral? 	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify: _____				Does the lender have a perfected security interest in it? ☐ No ☐ Yes	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: MM / DD / YYYY				What is the estimated value? 	
Location of account: Address: City, State, Zip: _____					
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Signature				DATE MM / DD / YYYY	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature				DATE MM / DD / YYYY	
Title					

PS Store RFID Label
Tracking #

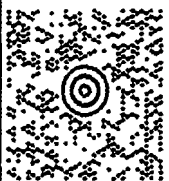
595A77033650 6112

WILMUDA NY-12 COMMITTEE
C/O 310-7900
THE UPS STORE #6979
105 W 84TH ST
NEW YORK NY 10024-3412

1 LBS 1 OF 1
SHIP WT: 1 LBS
DATE: 14 APR 2026

SHIP TO:
FEDERAL ELECTION COMMISSION
1050 1ST ST NE

WASHINGTON DC 20002-5859



MD 201 9-75

UPS GROUND

TRACKING #: 1Z 595 A77 03 3650 6112



BILLING: P/P



REF #2: 1806

WILMUDA NY-12 COMMITTEE
C/O 310-7900
THE UPS STORE #6979
105 W 84TH ST
NEW YORK NY 10024-3412
DATE: 14 APR 2026

NONO, ON, TU, ON, DOWNING

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Date of Receipt
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
☐ USPS Priority Mail Express	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☒ Overnight Delivery Service (Specify): <i>UPS</i>	Shipping Date <i>4/14/24</i> Date of Receipt <i>4/15/24</i> Next Business Day Delivery ☐
☐ Received via FAX	Date of Receipt
☐ Received via Email	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
<i>MTA</i> PREPARER (4/2023)	<i>4/15/24</i> DATE PREPARED

20240415 10:00 AM