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 (CITY ▲) FL (STATE ▲) 33416 – (ZIP CODE ▲)

2. **FEC IDENTIFICATION NUMBER ▼** C C00791541

3. IS THIS REPORT ☒ NEW (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 04/01/2025 through 06/30/2025

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: 07/14/2025

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							

Image# 202507159762848534

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: 04 / 01 / 2025 To: 06 / 30 / 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))	4613.73	12152.77
(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))	4613.73	12152.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9867.75	25365.33
(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))	9867.75	25365.33
8. Cash on Hand at Close of Reporting Period (from Line 27).....	49588.08	
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)	65466.00	

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

Image# 202507159762848535

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: 04 / 01 / 2025 To: 06 / 30 / 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)	1500.00	2516.53
(ii) Unitemized	1264.73	1730.24
(iii) TOTAL of contributions from individuals ▶	2764.73	4246.77
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	1849.00	7906.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	4613.73	12152.77
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	52026.00	52026.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	52026.00	52026.00
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) ▶	56639.73	64178.77

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	9867.75	25365.33
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) ▶	9867.75	25365.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	2816.10
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	56639.73
25. SUBTOTAL (add Line 23 and Line 24)	59455.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	9867.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	49588.08

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

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
Meisenbach, Kerinn, , ,
Mailing Address 290 N Ave.
Apt. 1009
City: West Plam Beach | State: FL | Zip Code: 33401
FEC ID number of contributing federal political committee: C
Name of Employer: Palm Beach Polo Club
Occupation: Athletic Director
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 08 / 2025
Transaction ID : SA11AI.5982
Amount of Each Receipt this Period: 500.00
☐ Memo Item
WR EM Recd 4/14

B.
Full Name (Last, First, Middle Initial)
Smith, William, , ,
Mailing Address 258 Granada Road
City: West Palm Beach | State: FL | Zip Code: 33401
FEC ID number of contributing federal political committee: C
Name of Employer: Wm Smith Co
Occupation: Investments
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 526.03

Date of Receipt: 04 / 14 / 2025
Transaction ID : SA11AI.5979
Amount of Each Receipt this Period: 500.00
☐ Memo Item
WR EM Recd 4/21

C.
Full Name (Last, First, Middle Initial)
Womble, Matt, , ,
Mailing Address 515 N Flagler Drive, Suite 1125
City: West Palm Beach | State: FL | Zip Code: 33401
FEC ID number of contributing federal political committee: C
Name of Employer: Everwatch
Occupation: Ceo
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 500.00

Date of Receipt: 04 / 30 / 2025
Transaction ID : SA11AI.5969
Amount of Each Receipt this Period: 500.00
☐ Memo Item
WR EM Recd 5/5

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶ 1500.00

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

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
WINRED
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: 1982.04

Date of Receipt: 04 / 14 / 2025
Transaction ID : SA11C.5928
Amount of Each Receipt this Period: 500.00
☒ Memo Item
WR EM Total

B.
Full Name (Last, First, Middle Initial)
WINRED
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: 2792.43

Date of Receipt: 04 / 21 / 2025
Transaction ID : SA11C.5929
Amount of Each Receipt this Period: 810.39
☒ Memo Item
WR EM Total

C.
Full Name (Last, First, Middle Initial)
WINRED
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: 3496.53

Date of Receipt: 05 / 05 / 2025
Transaction ID : SA11C.5930
Amount of Each Receipt this Period: 704.10
☒ Memo Item
WR EM Total

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
WINRED
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 ▼ 3532.41

Date of Receipt: 05 / 12 / 2025
Transaction ID : SA11C.5931
Amount of Each Receipt this Period: 35.88
☒ Memo Item
WR EM Total

B.
Full Name (Last, First, Middle Initial)
WINRED
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 ▼ 3647.39

Date of Receipt: 06 / 02 / 2025
Transaction ID : SA11C.5932
Amount of Each Receipt this Period: 114.98
☒ Memo Item
WR EM Total

C.
Full Name (Last, First, Middle Initial)
WINRED
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 ▼ 3749.21

Date of Receipt: 06 / 23 / 2025
Transaction ID : SA11C.5933
Amount of Each Receipt this Period: 101.82
☒ Memo Item
WR EM Total

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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

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)
DEBORAH ADEIMY FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
WINRED
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 ▼ 4246.77

Date of Receipt: 06 / 30 / 2025
Transaction ID : SA11C.5934
Amount of Each Receipt this Period: 497.56
☒ Memo Item
WR EM Total

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
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)
☐ 11a ☐ 11b ☐ 11c ☒ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
ADEIMY, DEBORAH, , ,
Mailing Address PO BOX 20257
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 ▼ 59932.00

Date of Receipt: 06 / 30 / 2025
Transaction ID : SA11D.5983
Amount of Each Receipt this Period: 1849.00
☐ Memo Item
In-Kind: Meeting Expense/Digital Services

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼
Election Cycle-to-Date ▼

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1849.00

TOTAL This Period (last page this line number only) ▶ 1849.00

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

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
ADEIMY, DEBORAH, , ,
Mailing Address PO BOX 20257
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: 58083.00

Date of Receipt: 06 / 04 / 2025
Transaction ID : SA13A.5927
Amount of Each Receipt this Period: 52026.00
☐ Memo Item
Loan

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 52026.00

TOTAL This Period (last page this line number only) ▶ 52026.00

Image# 202507159762848543

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
ADEIMY, DEBORAH, , ,
Mailing Address PO BOX 20257
City: WEST PALM BEACH | State: FL | Zip Code: 33416
Purpose of Disbursement: In-Kind: See Itemization Below
Candidate Name
Category/ Type
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 22
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2025
FEC Identification Number: C H2FL21132
Amount of Each Disbursement this Period: 1849.00
Transaction ID : SB17.5984
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Verizon
Mailing Address 1 Verizon Way
City: Basking Ridge | State: NJ | Zip Code: 07920
Purpose of Disbursement: Telephone Expense
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 239.00
Transaction ID : SB17.5984.0
☒ Memo Item

C.
Full Name (Last, First, Middle Initial)
Comcast/Xfinity
Mailing Address 1701 JFK Blvd.
City: Philadelphia | State: PA | Zip Code: 19103
Purpose of Disbursement: Utilities
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 247.00
Transaction ID : SB17.5984.3
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1849.00

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

Image# 202507159762848544

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Palm Beach Republican Club
Mailing Address P.O. Box 2622
City: Palm Beach | State: FL | Zip Code: 33480
Purpose of Disbursement: Meeting Expense
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 200.00
Transaction ID : SB17.5984.4
☒ Memo Item

B. Full Name (Last, First, Middle Initial)
Republican Party of Palm Beach County
Mailing Address 1555 Palm Beach Lakes Blvd. 11th Fl.
City: West Palm Beach | State: FL | Zip Code: 33401
Purpose of Disbursement: Event Sponsorship
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 207.00
Transaction ID : SB17.5984.5
☒ Memo Item

C. Full Name (Last, First, Middle Initial)
Adcock Creative
Mailing Address 5 Parks Ave
City: Newnan | State: GA | Zip Code: 20362
Purpose of Disbursement: Digital Services
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.5984.6
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 202507159762848545

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Cloudflare
Mailing Address 101 Townsend St
City: San Francisco | State: CA | Zip Code: 94107
Purpose of Disbursement: Digital Services
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 30 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 240.00
Transaction ID : SB17.5984.7
☒ Memo Item

B. Full Name (Last, First, Middle Initial)
American Airlines
Mailing Address Po Box 619616
City: DFW Airport | State: TX | Zip Code: 75216
Purpose of Disbursement: Airfare - See 6/11/25 CC Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 40.00
Transaction ID : SB17.5913
☒ Memo Item

C. Full Name (Last, First, Middle Initial)
Facebook
Mailing Address 1 Hacker Way
City: Menlo Park | State: CA | Zip Code: 94025
Purpose of Disbursement: Digital Ads - See 6/11/25 CC Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 928.60
Transaction ID : SB17.5910
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 202507159762848546

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A. Google
Full Name (Last, First, Middle Initial)
Mailing Address 1600 Amphitheater Pkwy
City: Mountain View | State: CA | Zip Code: 94043
Purpose of Disbursement: Digital Services - See 6/11/25 CC Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 71.79
Transaction ID : SB17.5905
☒ Memo Item

B. Mailchimp
Full Name (Last, First, Middle Initial)
Mailing Address 675 Ponce de Leon Ave NE Ste. 5000
City: Atlanta | State: GA | Zip Code: 30308
Purpose of Disbursement: Email Service- See 6/11/25 CC Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 285.00
Transaction ID : SB17.5911
☒ Memo Item

C. Print Bold Corp
Full Name (Last, First, Middle Initial)
Mailing Address 14320 SW 143rd Ct
City: Miami | State: FL | Zip Code: 33186
Purpose of Disbursement: Printing - See 4/4/25 CC Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 04 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.5899
☒ 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 DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Print Bold Corp
Mailing Address 14320 SW 143rd Ct
City: Miami | State: FL | Zip Code: 33186
Purpose of Disbursement: Printing - See 4/16/25 CC Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 16 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1500.00
Transaction ID : SB17.5900
☒ Memo Item

B. Full Name (Last, First, Middle Initial)
Print Bold Corp
Mailing Address 14320 SW 143rd Ct
City: Miami | State: FL | Zip Code: 33186
Purpose of Disbursement: Printing - See 5/8/25 CC Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.5901
☒ Memo Item

C. Full Name (Last, First, Middle Initial)
Print Bold Corp
Mailing Address 14320 SW 143rd Ct
City: Miami | State: FL | Zip Code: 33186
Purpose of Disbursement: Printing - See 6/11/25 CC Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 2021.86
Transaction ID : SB17.5903
☒ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 0.00

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

Image# 202507159762848548

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
The Strategy Group for Media Inc.

Mailing Address 7669 Stagers Loop

City: Delaware | State: OH | Zip Code: 43015

Purpose of Disbursement: Media Production

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 04 / 30 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 342.39

Transaction ID : SB17.5922

☐ Memo Item

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

Mailing Address 214 N Tryon St.

City: Charlotte | State: NC | Zip Code: 28202

Purpose of Disbursement: Bank Fees - See 6/11/25 CC Payment

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 06 / 11 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1201.98

Transaction ID : SB17.5912

☒ Memo Item

C. Full Name (Last, First, Middle Initial)
Truist Credit Card

Mailing Address PO Box 580340

City: Charlotte | State: NC | Zip Code: 28258

Purpose of Disbursement: Credit Card Payment

Candidate Name

Category/ Type

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

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

Date of Disbursement: 04 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.5895

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 842.39

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

Image# 202507159762848549

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
Truist Credit Card
Mailing Address PO Box 580340
City: Charlotte | State: NC | Zip Code: 28258
Purpose of Disbursement: Credit Card Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 04 / 16 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 1500.00
Transaction ID : SB17.5896
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Truist Credit Card
Mailing Address PO Box 580340
City: Charlotte | State: NC | Zip Code: 28258
Purpose of Disbursement: Credit Card Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 05 / 08 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 500.00
Transaction ID : SB17.5897
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Truist Credit Card
Mailing Address PO Box 580340
City: Charlotte | State: NC | Zip Code: 28258
Purpose of Disbursement: Credit Card Payment
Candidate Name
Category/ Type
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 4549.23
Transaction ID : SB17.5898
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6549.23

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

Image# 202507159762848550

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
Truist Credit Card
Mailing Address PO Box 580340
City: Charlotte | State: NC | Zip Code: 28258
Purpose of Disbursement: Credit Card Payment: See Itemization Below
Candidate Name
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 529.27
Transaction ID : SB17.5902
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
Truist
Mailing Address 214 N Tryon St.
City: Charlotte | State: NC | Zip Code: 28202
Purpose of Disbursement: Bank Fees
Candidate Name
Category/ Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 06 / 11 / 2025
FEC Identification Number: C
Amount of Each Disbursement this Period: 245.47
Transaction ID : SB17.5902.1
☒ Memo Item

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

SUBTOTAL of Disbursements This Page (optional) ▶ 529.27

TOTAL This Period (last page this line number only) ▶ 9769.89

Image# 202507159762848551

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

Transaction ID : SC/10.4104

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

[ ] Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
PO BOX 20257

City	State	ZIP Code
WEST PALM BEACH	FL	33416

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10440.00	0.00	10440.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
05/26/2022	None	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   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.

Image# 202507159762848552

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

Transaction ID : SC/10.4119

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

☐ Memo Item

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
PO BOX 20257

City	State	ZIP Code
WEST PALM BEACH	FL	33416

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
10/17/2022	None	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
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.

Image# 202507159762848553

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

Transaction ID : SC/10.4130

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

[ ] Memo Item

Mailing Address
PO BOX 20257

City: WEST PALM BEACH | State: FL | ZIP Code: 33416

Election: 2022
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
01/05/2023	On Demand	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	2000.00
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.

Image# 202507159762848554

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
DEBORAH ADEIMY FOR CONGRESS

Transaction ID : SC/10.5927

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

[ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
PO BOX 20257

City	State	ZIP Code
WEST PALM BEACH	FL	33416

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
52026.00	0.00	52026.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due	Interest Rate (If none, enter 0)	Secured:
06/04/2025	On Demand	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	52026.00
TOTALS This Period (last page in this line only) ▶	65466.00

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)

FOR LINE NUMBER: (check only one)
- [ ] 9
- [X] 10

NAME OF COMMITTEE (In Full)

DEBORAH ADEIMY FOR CONGRESS

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

Truist Credit Card

Mailing Address PO Box 580340

City	State	Zip Code
Charlotte	NC	28258

Nature of Debt (Purpose): Credit Card Statement

Transaction ID : SD10.5786

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
7049.23	0.00	7049.23	0.00

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

Votertrove

Mailing Address 1309 Cofeen Ave

City	State	Zip Code
Sheridan	WY	82801

Nature of Debt (Purpose): Digital Services

Transaction ID : SD10.5788

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
2108.00	0.00	0.00	0.00

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

Mailing Address

City	State	Zip Code

Nature of Debt (Purpose):

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) ▶	0.00
2) **TOTALS** This Period (last page this line number only) ▶	0.00
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **SD10**
Transaction ID : **SD10.5788**

Attempts to contact the vendor to arrange residual payment have been unsuccessful. All evidence points to this vendor as being defunct. The debt is therefore being removed as unpayable.

Form/Schedule:
Transaction ID: