

FEC  
FORM 3REPORT 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

Elect Cross

ADDRESS (number and street)

PO Box 121

Check if different  
than previously  
reported. (ACC)

Kent

OH

44240

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00871343

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

OH

14

## 4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

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

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M 10

/ D 01

/ Y 2025

through

M 12

/ D 31

/ Y 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 Lutz, James, , ,

Signature of Treasurer

Lutz, James, , ,

Date

M 01

/ D 03

/ 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  
OnlyFEC FORM 3  
(Revised 05/2016)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Elect Cross**

Report Covering the Period: From:

M	M	10	/	D	D	01	/	Y	Y	Y	Y
---	---	----	---	---	---	----	---	---	---	---	---

To:

M	M	12	/	D	D	31	/	Y	Y	Y	Y
---	---	----	---	---	---	----	---	---	---	---	---

**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)) ....
- (b) Total Contribution Refunds (from Line 20(d)) .....
- (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....

0.00	2534.91
0.00	0.00
0.00	2534.91

## 7. Net Operating Expenditures

- (a) Total Operating Expenditures (from Line 17) .....
- (b) Total Offsets to Operating Expenditures (from Line 14).....
- (c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....

0.00	5988.22
0.00	0.00
0.00	5988.22

## 8. Cash on Hand at Close of Reporting Period (from Line 27).....

19.32
-------

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) .....

5555.74
---------

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).

## DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Elect Cross

Report Covering the Period: From:

M M  
10D D  
01Y Y Y Y  
2025

To:

M M  
12D D  
31Y Y Y Y  
2025

## I. RECEIPTS

COLUMN A  
Total This PeriodCOLUMN B  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

- (a) Individuals/Persons Other Than Political Committees
  - (i) Itemized (use Schedule A) .....
  - (ii) Unitemized .....
  - (iii) TOTAL of contributions from individuals .....
- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs) .....
- (d) The Candidate .....
- (e) TOTAL CONTRIBUTIONS (other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d)) .....

0.00	1500.00
0.00	1034.91
0.00	2534.91
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	2534.91

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

0.00	0.00
------	------

## 13. LOANS:

- (a) Made or Guaranteed by the Candidate .....
- (b) All Other Loans .....
- (c) TOTAL LOANS  
(add Lines 13(a) and (b)) .....

0.00	3780.00
0.00	0.00
0.00	3780.00

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) .....

0.00	6314.91
------	---------

## 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.....	0.00	5988.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	41.63
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	41.63
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
<b>22. TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	<b>0.00</b>	<b>6029.85</b>

## III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	19.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	19.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	19.32

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 5 OF 8  
FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4186

Elect Cross

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

CROSS, ELAYNE, , ,

Mailing Address

321 Susanne

City

KENT

State

OH

ZIP Code

44240

Election: 2024

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

400.00

0.00

400.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
12D D  
18Y Y Y Y  
2023

M M

D D

Y Y Y Y  
None

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

400.00

**TOTALS** This Period (last page in this line only) .....Carry outstanding balance only to **LINE 3, Schedule D**, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary PagePAGE 6 OF 8  
FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4132

Elect Cross

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

CROSS, ELAYNE, , ,

Mailing Address

321 Susanne

City

KENT

State

OH

ZIP Code

44240

Election: 2024

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

775.00

36.63

738.37

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
01D D  
23Y Y Y Y  
2024

M M

D D

Y Y Y Y  
None

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

738.37

**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 PagePAGE 7 OF 8  
FOR LINE NUMBER:  
(check only one) 13a  
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4165

Elect Cross

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

CROSS, ELAYNE, , ,

Mailing Address

321 Susanne

City

KENT

State

OH

ZIP Code

44240

Election: 2024

 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

2600.00

0.00

2600.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M  
02D D  
26Y Y Y Y  
2024

M M

D D

Y Y Y Y  
None

0.00

% (apr)

 Yes No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional).....►

2600.00

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

3738.37

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

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)PAGE 8 OF 8  
FOR LINE NUMBER:  
(check only one)  
 9  
 10

NAME OF COMMITTEE (In Full)

**Elect Cross**

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

CROSS, ELAYNE, , ,

Nature of Debt (Purpose):

Loans made this period by candidate

Mailing Address 321 Susanne

City  
KENTState  
OHZip Code  
44240

Outstanding Balance Beginning This Period

Transaction ID : SD10.4289

1817.37

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

1817.37

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Outstanding Balance at Close of This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

0.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Outstanding Balance at Close of This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

0.00

0.00

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

1817.37

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

1817.37

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

3738.37

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

5555.74