

**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

SHREVE FOR CONGRESS

ADDRESS (number and street)

PO BOX 17182



Check if different than previously reported. (ACC)

SOUTHPORT

IN

46227

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00870949

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

IN

06

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

04 / 01 / 2025

through

M M / D D / Y Y Y Y

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 MARTIN, KEVIN, , ,

Signature of Treasurer

MARTIN, KEVIN, , ,

Date

M M / D D / Y Y Y Y

07 / 15 / 2025

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

SHREVE FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
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))	60510.91	120321.64
(b) Total Contribution Refunds (from Line 20(d))	1.75	1001.75
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	60509.16	119319.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	73718.82	226690.57
(b) Total Offsets to Operating Expenditures (from Line 14)	0.59	689.78
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	73718.23	226000.79
8. Cash on Hand at Close of Reporting Period (from Line 27)	93163.12	
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)	5900000.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

SHREVE FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2025

To:

M M / D D / Y Y Y Y
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).....

23500.00

39810.73

(ii) Unitemized

510.91

510.91

(iii) TOTAL of contributions
from individuals ▶

24010.91

40321.64

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

36500.00

80000.00

(d) The Candidate

0.00

0.00

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

60510.91

120321.64

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.59

689.78

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)..... ▶

60511.50

121011.42

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.....	73718.82	226690.57
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	1.75	1.75
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	1.75	1001.75
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	73720.57	227692.32

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	106372.19
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	60511.50
25. SUBTOTAL (add Line 23 and Line 24).....	166883.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	73720.57
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	93163.12

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 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)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARBACH, MICHAEL, , ,

A.Mailing Address 1900 W LAWRENCE AVE
APT 205City
CHICAGOState
ILZip Code
60640FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 27 2025

Transaction ID : A9409F949289D49B9B41

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GOODRICH, CHARLES, D., ,

B.

Mailing Address 5015 NIGHTSHADE LN

City
NOBLESVILLEState
INZip Code
46062-9818FEC ID number of contributing
federal political committee.

C

Name of Employer
GAYLOR ELECTRICOccupation
PRESIDENT CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 24 2025

Transaction ID : ACB59C2A8EB0E4900A8E

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HERSHMAN, BRANDT, , ,

C.

Mailing Address 6142 MADERIA LN

City
LAFAYETTEState
INZip Code
47905-8259FEC ID number of contributing
federal political committee.

C

Name of Employer
BARNES AND THORNBURGOccupation
ATTY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 11 2025

Transaction ID : A15C70011D0DD4C8AB1C

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

4250.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

HODGE, JAMES, , ,

A.Mailing Address 113 W WAYNE ST
APT 307City
FORT WAYNEState
INZip Code
46802-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
ARROWSMITH, LLCOccupation
MONEY MANAGEMENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 25 2025

Transaction ID : AC38FBD1FA42B4E29AFB

Amount of Each Receipt this Period

3500.00

☐ Memo Item
SEE REDESIGNATION**B.**

Full Name (Last, First, Middle Initial)

HODGE, JAMES, , ,

Mailing Address 113 W WAYNE ST
APT 307City
FORT WAYNEState
INZip Code
46802-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
ARROWSMITH, LLCOccupation
MONEY MANAGEMENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 25 2025

Transaction ID : AB78BE81B5D3F46B0979

Amount of Each Receipt this Period

- 1000.00

☒ Memo Item
REDESIGNATION FROM**C.**

Full Name (Last, First, Middle Initial)

HODGE, JAMES, , ,

Mailing Address 113 W WAYNE ST
APT 307City
FORT WAYNEState
INZip Code
46802-2507FEC ID number of contributing
federal political committee.

C

Name of Employer
ARROWSMITH, LLCOccupation
MONEY MANAGEMENT

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 25 2025

Transaction ID : A40C8961D5D9240B48E5

Amount of Each Receipt this Period

1000.00

☒ Memo Item
REDESIGNATION TO**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3500.00

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

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

HUSTON, DANNY, , ,

A.

Mailing Address 616 W JACKSON ST

City

PARKER CITY

State

IN

Zip Code

47368-9524

FEC ID number of contributing
federal political committee.

C

Name of Employer

NORTH AMERICAN MIDWAY ENTERTAINMEN

Occupation

MOBILE AMUSEMENTS

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 30 / 2025D D / Y Y Y Y Y
30 / 2025Y Y Y Y Y
2025

Transaction ID : A8512E768B4AF443D99C

Amount of Each Receipt this Period

3500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

KING, CHRISTOPHER, M., ,

Mailing Address 132 WEST WASHINGTON ST

City

SHELBYVILLE

State

IN

Zip Code

46176-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer

SURGE DEVELOPMENT

Occupation

ENGINEER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2025D D / Y Y Y Y Y
01 / 2025Y Y Y Y Y
2025

Transaction ID : AF84E3D2434244901959

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

KING, CHRISTOPHER, M., ,

Mailing Address 132 WEST WASHINGTON ST

City

SHELBYVILLE

State

IN

Zip Code

46176-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer

SURGE DEVELOPMENT

Occupation

ENGINEER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 24 / 2025D D / Y Y Y Y Y
24 / 2025Y Y Y Y Y
2025

Transaction ID : ABA12EAA88599477B95A

Amount of Each Receipt this Period

1000.00

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

5500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

MCAULEY, PATRICK, B., ,

A. Mailing Address 5858 N COLLEGE AVE
APT 223City
INDIANAPOLISState
INZip Code
46220-3092FEC ID number of contributing
federal political committee.

C

Name of Employer
BROAD RIPPLE CAPITALOccupation
ASSOCIATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 24 2025

Transaction ID : A13D19D00EC4C49F695E

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MCCANNELL, CHRIS, , ,

B. Mailing Address 2100 11TH STREET NWCity
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.

C

Name of Employer
GRAYROBINSONOccupation
DEPUTY MANAGING DIRECTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 28 2025

Transaction ID : AB915A7A3D30449F08F0

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

C. Mailing Address PO BOX 9891City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4510.91

Date of Receipt

M M / D D / Y Y Y Y Y
06 28 2025

Transaction ID : A94650FCB08D84AAB9D9

Amount of Each Receipt this Period

500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

1000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

MCGRAW, CRAIG, , ,

A.

Mailing Address 523 APACHE TRL

City

MORGANVILLE

State

NJ

Zip Code

07751-4632

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRANS AMERICAN TRUCKING

Occupation

VP SALES

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

Transaction ID : A7952F4B48532460EB52

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4510.91

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

Transaction ID : ADAB7B554B4DA4123891

Amount of Each Receipt this Period

500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

MILLER, CRYSTAL, , ,

C.

Mailing Address 637 ROUND HILL RD

City

INDIANAPOLIS

State

IN

Zip Code

46260

FEC ID number of contributing
federal political committee.

C

Name of Employer

IU HEALTH

Occupation

SENIOR VICE PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

Transaction ID : ADF4CB91D47B94FF7BD4

Amount of Each Receipt this Period

250.00

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

750.00

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

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

PAGE 10 OF 62

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

MURPHY, KRISTEN, M., ,

A. Mailing Address 153383 WHISTLING LN

City
WESTFIELDState
INZip Code
46033FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : AB6E5936F41654DBFBD5

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MUTZ, JOHN, , ,

B. Mailing Address 8128 DEAN RD

City
INDIANAPOLISState
INZip Code
46240-2918FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : A53D6ACC45F784EA689D

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RIETHMILLER, JOEL, , ,

C. Mailing Address 400 MASSACHUSETTS AVENUE NW 1312

City
WASHINGTONState
DCZip Code
20001FEC ID number of contributing
federal political committee.

C

Name of Employer
IMPERIUM GLOBAL ADVISORSOccupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : AA1EA394870664B80834

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

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

4750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESSFull Name (Last, First, Middle Initial)
WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4510.91

Date of Receipt

M M / D D / Y Y Y Y Y
06 30 2025

Transaction ID : ABFE7E81764AA4F91842

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.Full Name (Last, First, Middle Initial)
ROSE, DOUG, , ,

Mailing Address 10550 HUSSEY LN

City
CARMELState
INZip Code
46032FEC ID number of contributing
federal political committee.

C

Name of Employer

IRWIN R. ROSE & CO., LLC

Occupation

REAL ESTATE INVESTMENTS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 10 2025

Transaction ID : A38C52DA170B9473CB00

Amount of Each Receipt this Period

3500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
SCHMIDT, MELISSA, PROFFITT, ,Mailing Address 1 AMERICAN SQ
STE 2900City
INDIANAPOLISState
INZip Code
46282-0019FEC ID number of contributing
federal political committee.

C

Name of Employer

ICE MILLER LLP

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 29 2025

Transaction ID : AEDA8D1AD2FB94CC9961

Amount of Each Receipt this Period

250.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

3750.00

23500.00

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

ALLY FINANCIAL INC. ADVOCACY PACMailing Address 801 PENNSYLVANIA AVE NW
STE 415City
WASHINGTONState
DCZip Code
20004-3655FEC ID number of contributing
federal political committee.**C** C00579540

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
06	30	2025

Transaction ID : AD953245703454952B32

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN HOSPITAL ASSOCIATION PACMailing Address 800 TENTH STREET, NW
TWO CITYCENTER, SUITE 400City
WASHINGTONState
DCZip Code
20001-5188FEC ID number of contributing
federal political committee.**C** C00106146

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	D D	Y Y Y Y
06	30	2025

Transaction ID : AAD50F05C65444862B34

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

COX ENTERPRISES PAC (COXPAC) INC.Mailing Address 975 F ST NW
STE 300City
WASHINGTONState
DCZip Code
20004-1459FEC ID number of contributing
federal political committee.**C** C00477653

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	D D	Y Y Y Y
04	11	2025

Transaction ID : A4F245B6D84A74BF2BE3

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3000.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESSFull Name (Last, First, Middle Initial)
CUMMINS INC. PAC (CIPAC)Mailing Address 601 PENNSYLVANIA AVE NW
NORTH BUILDING SUITE 1100NCity
WASHINGTONState
DCZip Code
20004-2601FEC ID number of contributing
federal political committee.

C C00377952

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2025

Transaction ID : AF29D2F2303F749789F5

Amount of Each Receipt this Period

2500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
DRIVE COMMITTEE - DEMOCRAT, REPUBLICAN, INDEPENDENT VOTER EDUCATION

Mailing Address 25 LOUISIANA AVE NW

City
WASHINGTONState
DCZip Code
20001-2130FEC ID number of contributing
federal political committee.

C C00032979

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 06 / 2025

Transaction ID : AF897B0C991814EBF8C9

Amount of Each Receipt this Period

1000.00

☐ Memo ItemFull Name (Last, First, Middle Initial)
ELANCO US INC. PAC ('ELANCO PAC')Mailing Address 1801 PENNSYLVANIA AVE NW
STE 420City
WASHINGTONState
DCZip Code
20006-3606FEC ID number of contributing
federal political committee.

C C00722165

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 13 / 2025

Transaction ID : A05C4F6BAB25B40F99B7

Amount of Each Receipt this Period

2500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

6000.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

ENERGY MARKETERS OF AMERICA SMALL BUSINESS COMMITTEE PAC (EMA SBC PAC)

A.Mailing Address 300 NEW JERSEY AVE NW
STE 924City
WASHINGTONState
DCZip Code
20001-2030FEC ID number of contributing
federal political committee.**C** C00035204

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		29		2025

Transaction ID : AB19B16F2D36540038BD

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE NW
STE 500City
WASHINGTONState
DCZip Code
20001-2133FEC ID number of contributing
federal political committee.**C** C00096156

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
04		29		2025

Transaction ID : AACDD47F5E9B44D83943

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

HONEYWELL INTERNATIONAL PAC

Mailing Address 101 CONSTITUTION AVE NW
STE 500City
WASHINGTONState
DCZip Code
20001-2133FEC ID number of contributing
federal political committee.**C** C00096156

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : A9A41DFA2ED7E4EC6A65

Amount of Each Receipt this Period

2000.00

☐ Memo Item

4000.00

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
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

ICE MILLER PAC

A.

Mailing Address ONE AMERICAN SQUARE
SUITE 2900

City
INDIANAPOLIS

State
IN

Zip Code
46282-0019

FEC ID number of contributing
federal political committee.

C C00520973

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 07 2025

Transaction ID : AD2756759C4464F79995

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

INTERNATIONAL COUNCIL OF SHOPPING CENTERS INC PAC (ICSC PAC)

B.

Mailing Address 975 F ST NW
STE 560

City
WASHINGTON

State
DC

Zip Code
20004-1454

FEC ID number of contributing
federal political committee.

C C00217638

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 29 2025

Transaction ID : A0B14EACCC1A4B26A2C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KOCH, INC. PAC (KOCHPAC)

C.

Mailing Address 4111 E 37TH ST N

City
WICHITA

State
KS

Zip Code
67220-3203

FEC ID number of contributing
federal political committee.

C C00236489

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 30 2025

Transaction ID : A82D7A53C052C4BFA958

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

3000.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN CORPORATION EMPLOYEES' PACMailing Address 2121 CRYSTAL DR
STE 100City
ARLINGTONState
VAZip Code
22202-3706FEC ID number of contributing
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	5	

Transaction ID : A88F5CC678D7A4069B34

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MOTOROLA SOLUTIONS, INC. PACMailing Address 601 PENNSYLVANIA AVE NW
STE 675City
WASHINGTONState
DCZip Code
20004-2601FEC ID number of contributing
federal political committee.**C** C00075341

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	5	

Transaction ID : AB1312A2E9CD545F1979

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE NW

City
WASHINGTONState
DCZip Code
20005-4171FEC ID number of contributing
federal political committee.**C** C00238725

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	5	

Transaction ID : A14F3F2E9FFC1483BAD8

Amount of Each Receipt this Period

1000.00

☐ Memo Item

3000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

NATIONAL APARTMENT ASSOCIATION PAC**A.**Mailing Address 4300 WILSON BLVD
STE 800City
ARLINGTONState
VAZip Code
22203-4213FEC ID number of contributing
federal political committee.**C** C00113241

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		29		2025

Transaction ID : A340809A1D97E4F579F3

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF REALTORS PAC**B.**

Mailing Address 430 N MICHIGAN AVE

City
CHICAGOState
ILZip Code
60611-4011FEC ID number of contributing
federal political committee.**C** C00030718

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		07		2025

Transaction ID : A62A5FF7AC6E9402CB81

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL STAR ROUTE MAIL CONTRACTORS ASSOC. PAC - STAR PAC**C.**Mailing Address 8521 LEESBURG PIKE
STE 350City
VIENNAState
VAZip Code
22182-2430FEC ID number of contributing
federal political committee.**C** C00163311

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		16		2025

Transaction ID : AA33009AC327B4E08847

Amount of Each Receipt this Period

1000.00

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

4000.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

NATIONAL STONE, SAND & GRAVEL ASSOCIATION ROCKPACMailing Address 66 CANAL CENTER PLZ
STE 300City
ALEXANDRIAState
VAZip Code
22314-1576FEC ID number of contributing
federal political committee.**C** C00089458

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : AF410232603024626846

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SEAL PAC SUPPORTING ELECTING AMERICAN LEADERS PAC

Mailing Address 824 S MILLEDGE AVE, STE 101

City
ATHENSState
GAZip Code
30606FEC ID number of contributing
federal political committee.**C** C00570226

Name of Employer

Occupation

Receipt For: 2024

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		29		2025

Transaction ID : A6E8F7234B5E84C7281C

Amount of Each Receipt this Period

1000.00

☐ Memo Item

DEBT RETIREMENT

Full Name (Last, First, Middle Initial)

THE AES CORPORATION PACMailing Address 4300 WILSON BLVD
FL 11City
ARLINGTONState
VAZip Code
22203-4167FEC ID number of contributing
federal political committee.**C** C00507962

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		04		2025

Transaction ID : A6F749206C20F4E34BAC

Amount of Each Receipt this Period

1000.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

4500.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

TOYOTA MOTOR NORTH AMERICA, INC PAC (TOYOTA/LEXUS PAC)**A.**Mailing Address 325 7TH ST NW
STE 1000City
WASHINGTONState
DCZip Code
20004-2801FEC ID number of contributing
federal political committee.**C** C00542365

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 08 2025

Transaction ID : A9F8C56D829A844C9916

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TRANSPORTATION INTERMEDIARIES ASSOCIATION'S TIAPAC**B.**Mailing Address 1900 DUKE ST
STE 300City
ALEXANDRIAState
VAZip Code
22314-3498FEC ID number of contributing
federal political committee.**C** C00335091

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 21 2025

Transaction ID : AB8C6599BC0594B4F831

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TRANSPORTATION INTERMEDIARIES ASSOCIATION'S TIAPAC**C.**Mailing Address 1900 DUKE ST
STE 300City
ALEXANDRIAState
VAZip Code
22314-3498FEC ID number of contributing
federal political committee.**C** C00335091

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 07 2025

Transaction ID : A1E5DC6B1DC9949E384A

Amount of Each Receipt this Period

1000.00

☐ Memo Item

4500.00

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

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

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

TRINITY INDUSTRIES EMPLOYEE PAC (SF) INC.Mailing Address 14221 DALLAS PKWY
STE 1100City
DALLASState
TXZip Code
75254-2957FEC ID number of contributing
federal political committee.**C** C00268904

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		13		2025

Transaction ID : AD8B020D772F74C55953

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TRUCKING PAC OF THE AMERICAN TRUCKING ASSOCIATIONS INC.Mailing Address 430 FIRST STREET SE
SUITE 100City
WASHINGTONState
DCZip Code
20003-1826FEC ID number of contributing
federal political committee.**C** C00002881

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : A28DDE173D1B14A09BB0

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

UNITED POSTMASTERS AND MANAGERS OF AMERICA POLITICAL FUND - UPMA PAC

Mailing Address 8 HERBERT ST

City
ALEXANDRIAState
VAZip Code
22305-2628FEC ID number of contributing
federal political committee.**C** C00100404

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		30		2025

Transaction ID : A5164029E94724048A1C

Amount of Each Receipt this Period

1500.00

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

4500.00

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

36500.00

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ADOBE

Mailing Address 345 PARK AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2025

City
SAN JOSEState
CAZip Code
95110-2704

FEC Identification Number

CPurpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

32.09

Transaction ID : B00FDB3068F5B4F83BA8

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

CPurpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

22.46

Transaction ID : BDD3A8B782D26472394C

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		09		2025

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

CPurpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5.03

Transaction ID : B7A958091DBA3465FB3E

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

59.58

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

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

PAGE 22 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	5

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

13.90

Transaction ID : B959E8C239F104177955

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	5

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

16.04

Transaction ID : B04B3D360B4CB4F60809

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	5

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.55

Transaction ID : BFC14C27099A1425ABCB

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

38.49

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

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

PAGE 23 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	2	5

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

10.69

Transaction ID : BE7D6EDFA4B86459AA91

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

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

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

35.30

Transaction ID : B3E474C36E94F45099EC

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ANEDOT, INC.

Mailing Address PO BOX 84314

Date of Disbursement

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

City
BATON ROUGEState
LAZip Code
70884-4314

FEC Identification Number

C

Purpose of Disbursement
CREDIT CARD FEES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

232.60

Transaction ID : B0B0BAF39D733467085D

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

278.59

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

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

PAGE 24 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOT, INC.

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884-4314Purpose of Disbursement
CREDIT CARD FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : B8290275E3C304DD28F9

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT, INC.

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884-4314Purpose of Disbursement
CREDIT CARD FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

140.30

Transaction ID : B2CB4DE09A75144588E4

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT, INC.

Mailing Address PO BOX 84314

City
BATON ROUGEState
LAZip Code
70884-4314Purpose of Disbursement
CREDIT CARD FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

140.30

Transaction ID : B801E1782CEBE4B6AADB

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

320.90

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

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

PAGE 25 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOT, INC.

Mailing Address PO BOX 84314

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		16		2025

City
BATON ROUGEState
LAZip Code
70884-4314

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD FEES

001

Amount of Each Disbursement this Period

10.30

Transaction ID : B6674DDFF3C374014892

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. ANEDOT, INC.

Mailing Address PO BOX 84314

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2025

City
BATON ROUGEState
LAZip Code
70884-4314

FEC Identification Number

CPurpose of Disbursement
CREDIT CARD FEES

001

Amount of Each Disbursement this Period

10.30

Transaction ID : B7434AC4ECF6C4B968F8

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. ARISTOTLE INTERNATIONAL, INC.

Mailing Address PO BOX 716045

Date of Disbursement

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

City
PHILADELPHIAState
PAZip Code
19171-6045

FEC Identification Number

CPurpose of Disbursement
COMPLIANCE SOFTWARE

001

Amount of Each Disbursement this Period

2250.00

Transaction ID : B320C775E7F3045A3BD5

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

2270.60

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

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

PAGE 26 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ASPIRE JOHNSON COUNTYMailing Address 1499 WINDHORST WAY
STE 160City
GREENWOODState
INZip Code
46143-8800Purpose of Disbursement
REGISTRATION FEE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

140.06

Transaction ID : B5EF59130A82D44F09E0

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ASPIRE JOHNSON COUNTYMailing Address 1499 WINDHORST WAY
STE 160City
GREENWOODState
INZip Code
46143-8800Purpose of Disbursement
REGISTRATION FEE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

36.31

Transaction ID : B9E428DC4E828472CA0B

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ASPIRE JOHNSON COUNTYMailing Address 1499 WINDHORST WAY
STE 160City
GREENWOODState
INZip Code
46143-8800Purpose of Disbursement
REGISTRATION FEE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

186.75

Transaction ID : BFC05E7A8D00C4298951

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

363.12

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

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

PAGE 27 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BARTHOLOMEW COUNTY REPUBLICAN PARTY

Mailing Address PO BOX 1723

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		22		2025

City
COLUMBUSState
INZip Code
47202-1723

FEC Identification Number

CPurpose of Disbursement
EVENT SPONSORSHIP

001

Amount of Each Disbursement this Period

500.00

Transaction ID : BCA889D691EC142668F7

☐ Memo Item

Candidate Name

BARTHOLOMEW COUNTY REPUBLICAN PARTY

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. BROGHAMER COMPLIANCE

Mailing Address PO BOX 72100

Date of Disbursement

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

City
NEWPORTState
KYZip Code
41072-0100

FEC Identification Number

CPurpose of Disbursement
COMPLIANCE CONSULTING

001

Amount of Each Disbursement this Period

2475.00

Transaction ID : BD2530E87222749D1A28

☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. BROGHAMER COMPLIANCE

Mailing Address PO BOX 72100

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City
NEWPORTState
KYZip Code
41072-0100

FEC Identification Number

CPurpose of Disbursement
COMPLIANCE CONSULTING

001

Amount of Each Disbursement this Period

2475.00

Transaction ID : BC9FBA0B9A4BB4F20A07

☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2026

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State:

District:

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

5450.00

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

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

PAGE 28 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BROGHAMER COMPLIANCE

Mailing Address PO BOX 72100

City
NEWPORTState
KYZip Code
41072-0100Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2724.32

Transaction ID : BFC1F6103A79D4EFC96A

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BULLFEATHERS

Mailing Address 410 1ST ST SE

City
WASHINGTONState
DCZip Code
20003-1819Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

262.92

Transaction ID : B28BE512884D34468B8D

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTONState
DCZip Code
20003-1801Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

348.07

Transaction ID : B1BDC0EF40A5E4CEABC2

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

3335.31

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

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

PAGE 29 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 1ST ST SE

City
WASHINGTONState
DCZip Code
20003-1801Purpose of Disbursement
FOOD/BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.98

Transaction ID : BEA17831B4D9647CEAE7

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FEDEX CORPORATE

Mailing Address 942 SHADY GROVE RD S

City
MEMPHISState
TNZip Code
38120-4117Purpose of Disbursement
POSTAGE/SHIPPING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

21.61

Transaction ID : B710F8586D46B453C857

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HENRY COUNTY GOP OPEN

Mailing Address PO BOX 668

ATTN: REPUBLICAN CENTRAL COMMITTEE

City
NEW CASTLEState
INZip Code
47362-0668Purpose of Disbursement
EVENT SPONSORSHIP

001

Candidate Name

HENRY COUNTY GOP OPEN

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : B1DC1329A534946FD885

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

822.59

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

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

PAGE 30 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOLTkamp, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
EXPENSE REIMBURSEMENT - SEE MEMO

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

315.63

Transaction ID : B6334119FB1B44568822

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTkamp, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
TRAVEL MILEAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

315.63

Transaction ID : BC1D69117CFC64A71A2C

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLTkamp, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B0AC2F2547D004577945

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

2315.63

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

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

PAGE 31 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
EXPENSE REIMBURSEMENT - SEE MEMO

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

444.78

Transaction ID : B7B9E153A53C5439286F

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
TRAVEL MILEAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

444.78

Transaction ID : B1A76F65193B04E4B92A

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B19072B58388D4D39920

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

2444.78

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

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

PAGE 32 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
EXPENSE REIMBURSEMENT - SEE MEMO

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

366.87

Transaction ID : B224EDA526DF34DAF8B8

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
TRAVEL MILEAGE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

282.38

Transaction ID : B46AA691ACAE547E6A89

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. HOLTKAMP, JOHN, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
PAYROLL

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B1E38CEFAFF0B40CDAF3

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

2366.87

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

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

PAGE 33 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. I360Mailing Address 300 CLAREDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1850.00

Transaction ID : B27EACF1297D547B7977

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. I360Mailing Address 300 CLAREDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : BDBD574A2DF9741FAAE7

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. I360Mailing Address 300 CLAREDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : B8B55AFC3719F4C65BBA

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

2190.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. I360Mailing Address 300 CLAREDON BLVD
STE 800City
ARLINGTONState
VAZip Code
22201Purpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

170.00

Transaction ID : B1A0B6752B22E4111B7C

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. INDIANA CHAMBER OF COMMERCEMailing Address 115 W WASHINGTON ST
STE 850SCity
INDIANAPOLISState
INZip Code
46204-3499Purpose of Disbursement
SPONSORSHIP/EVENT TICKETS

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

327.52

Transaction ID : B32A995022F544E608C9

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. INDIANA FEDERATION OF YOUNG REPUBLICANSMailing Address 101 W OHIO ST
STE 2200City
INDIANAPOLISState
INZip Code
46204-4207Purpose of Disbursement
EVENT SPONSORSHIP

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : B86DD1CA6A3D047C7B9F

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

747.52

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KB STRATEGIC GROUP

Mailing Address 3213 DUKE ST

City
ALEXANDRIAState
VAZip Code
22314-4533Purpose of Disbursement
FINANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

8600.00

Transaction ID : B8B80B74754224DF0B2F

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LIMESTONE STRATEGIESMailing Address 5750 CASTLE CREEK PARKWAY NORTH DR
STE 367City
INDIANAPOLISState
INZip Code
46250-4336Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : B6027B4DC68D94B6B823

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LIMESTONE STRATEGIESMailing Address 5750 CASTLE CREEK PARKWAY NORTH DR
STE 367City
INDIANAPOLISState
INZip Code
46250-4336Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : B6A346FE4BF1C4B47B27

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

16600.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LIMESTONE STRATEGIESMailing Address 5750 CASTLE CREEK PARKWAY NORTH DR
STE 367City
INDIANAPOLISState
INZip Code
46250-4336Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : BECB75CD95D0E48908A4

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LINE ONE

Mailing Address 6418 CARROLLTON AVE

City
INDIANAPOLISState
INZip Code
46220-1615Purpose of Disbursement
MEDIA CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : BA349B3425CA040E9B56

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LINE ONE

Mailing Address 6418 CARROLLTON AVE

City
INDIANAPOLISState
INZip Code
46220-1615Purpose of Disbursement
MEDIA CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : B9FA01715E6AD40D6AAE

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

9000.00

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

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

PAGE 37 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LINE ONE

Mailing Address 6418 CARROLLTON AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06	/	06	/	2025

City
INDIANAPOLISState
INZip Code
46220-1615

FEC Identification Number

CPurpose of Disbursement
MEDIA CONSULTING

001

Amount of Each Disbursement this Period

2500.00

Transaction ID : BBC203134DC4940A3A05

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04	/	28	/	2025

City
ATLANTAState
GAZip Code
30308-1884

FEC Identification Number

CPurpose of Disbursement
SUBSCRIPTION

001

Amount of Each Disbursement this Period

135.00

Transaction ID : B714354DD4FA74B2F860

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05	/	27	/	2025

City
ATLANTAState
GAZip Code
30308-1884

FEC Identification Number

CPurpose of Disbursement
SUBSCRIPTION

001

Amount of Each Disbursement this Period

135.00

Transaction ID : B500BF583E5DE465799A

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

2770.00

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

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

PAGE 38 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2025

City
ATLANTAState
GAZip Code
30308-1884

FEC Identification Number

CPurpose of Disbursement
SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

135.00

Transaction ID : BC5EBEE657DD84D01805

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. OLD NATIONAL BANK

Mailing Address 1 MONUMENT CIR, STE 150

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2025

City
INDIANAPOLISState
INZip Code
46204-3030

FEC Identification Number

CPurpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

144.00

Transaction ID : B5BD77BE06BFC4511817

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. OLD NATIONAL BANK

Mailing Address 1 MONUMENT CIR, STE 150

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		16		2025

City
INDIANAPOLISState
INZip Code
46204-3030

FEC Identification Number

CPurpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

128.00

Transaction ID : BD00E803909B045839BE

☐ Memo Item

State:

District:

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

407.00

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

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

PAGE 39 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. OLD NATIONAL BANK

Mailing Address 1 MONUMENT CIR, STE 150

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06	/	17	/	2025

City
INDIANAPOLISState
INZip Code
46204-3030

FEC Identification Number

CPurpose of Disbursement
BANK FEES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

128.00

Transaction ID : B55BBDBBD566944828F3

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. PATTERSON CONSULTING, LLC

Mailing Address 4666 BOULEVARD PL

Date of Disbursement

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

City
INDIANAPOLISState
INZip Code
46208-3550

FEC Identification Number

CPurpose of Disbursement
FINANCE CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3000.00

Transaction ID : B95734F1A11074C99B81

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. PATTERSON CONSULTING, LLC

Mailing Address 4666 BOULEVARD PL

Date of Disbursement

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

City
INDIANAPOLISState
INZip Code
46208-3550

FEC Identification Number

CPurpose of Disbursement
FINANCE CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3924.00

Transaction ID : BF650ABC0A93A4AD08AA

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

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

7052.00

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

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

PAGE 40 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PATTERSON CONSULTING, LLC

Mailing Address 4666 BOULEVARD PL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		06		2025

City
INDIANAPOLISState
INZip Code
46208-3550

FEC Identification Number

CPurpose of Disbursement
FINANCE CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3423.09

Transaction ID : B7B56B1FE0C104B41B66

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. PATTERSON CONSULTING, LLC

Mailing Address 4666 BOULEVARD PL

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		06		2025

City
INDIANAPOLISState
INZip Code
46208-3550

FEC Identification Number

CPurpose of Disbursement
FINANCE CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3000.00

Transaction ID : B6726F9980F3B4375BE3

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. PIP PRINTINGMailing Address 11711N PENNSYLVANIA ST
STE 107

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		21		2025

City
CARMELState
INZip Code
46032-4553

FEC Identification Number

CPurpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

171.20

Transaction ID : B176FECCAB2BD4657A4D

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

6594.29

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

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

PAGE 41 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SLACK TECHNOLOGIES, INC

Mailing Address 500 HOWARD STREET

City
SAN FRANCISCOState
CAZip Code
94105-3000Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

140.85

Transaction ID : B418B94DB00044F37943

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SLACK TECHNOLOGIES, INC

Mailing Address 500 HOWARD STREET

City
SAN FRANCISCOState
CAZip Code
94105-3000Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

86.62

Transaction ID : B2C8F7A3E0B434039901

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SLACK TECHNOLOGIES, INC

Mailing Address 500 HOWARD STREET

City
SAN FRANCISCOState
CAZip Code
94105-3000Purpose of Disbursement
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

92.58

Transaction ID : B333BBC2E2F4D491C8DA

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

320.05

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

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

PAGE 42 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SQUARESPACEMailing Address 225 VARICK ST
FL 12City
NEW YORKState
NYZip Code
10014-4383Purpose of Disbursement
WEBSITE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

201.60

Transaction ID : BDA24297930244768A8D

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SQUARESPACEMailing Address 225 VARICK ST
FL 12City
NEW YORKState
NYZip Code
10014-4383Purpose of Disbursement
WEBSITE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

201.60

Transaction ID : B56F9E50462854788943

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SQUARESPACEMailing Address 225 VARICK ST
FL 12City
NEW YORKState
NYZip Code
10014-4383Purpose of Disbursement
WEBSITE

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

201.60

Transaction ID : BC3E092400C5246C4A13

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

604.80

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

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

PAGE 43 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

20.30

Transaction ID : B8478AD773F264CF5B14

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

27.77

Transaction ID : BC6C77AAA64E24753A55

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

40.67

Transaction ID : BD853AC80F39E42738BD

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

88.74

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

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

PAGE 44 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

36.82

Transaction ID : B850C96BA7773470DBAE

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

24.05

Transaction ID : B74FB2089F48344789A0

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

18.40

Transaction ID : BFBF3012BC8234A39A63

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

79.27

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

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

PAGE 45 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	5

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

54.75

Transaction ID : BB3C45A790A8A4BB6A6C

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

14.06

Transaction ID : B48AE4E9C5F76485CA2D

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

36.79

Transaction ID : BA7F126A200CC485F894

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

105.60

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

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

PAGE 46 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2025

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Amount of Each Disbursement this Period

35.11

Transaction ID : B6AF5B69A41974FD9B96

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2025

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Amount of Each Disbursement this Period

14.70

Transaction ID : BBB18BB6383BE4DBDAC0

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2025

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Amount of Each Disbursement this Period

16.46

Transaction ID : BD80BB5A2137946D5827

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

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

66.27

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

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

PAGE 47 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBER

Mailing Address 1725 3RD ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2025

City
SAN FRANCISCOState
CAZip Code
94158-2203

FEC Identification Number

CPurpose of Disbursement
TRAVEL TRANSPORTATION

001

Amount of Each Disbursement this Period

52.31

Transaction ID : BD2FD45E61E8A4C09A2A

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. UNBOUNCE

Mailing Address 100 GARFIELD ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		10		2025

City
DENVERState
COZip Code
80206-5597

FEC Identification Number

CPurpose of Disbursement
SOFTWARE

001

Amount of Each Disbursement this Period

99.00

Transaction ID : BE787392D0EF84D709E7

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. UNBOUNCE

Mailing Address 100 GARFIELD ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		12		2025

City
DENVERState
COZip Code
80206-5597

FEC Identification Number

CPurpose of Disbursement
SOFTWARE

001

Amount of Each Disbursement this Period

99.00

Transaction ID : B1683D6CA879449B3A73

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

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

250.31

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

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

PAGE 48 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UNBOUNCE

Mailing Address 100 GARFIELD ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		10		2025

City
DENVERState
COZip Code
80206-5597

FEC Identification Number

CPurpose of Disbursement
SOFTWARE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

99.00

Transaction ID : B9F6AA11400244A00958

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2025

City
SOUTHPORTState
INZip Code
46227

FEC Identification Number

CPurpose of Disbursement
FIELD CONSULTING SERVICES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1500.00

Transaction ID : B15FB0F6D3F4E4CABB38

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2025

City
SOUTHPORTState
INZip Code
46227

FEC Identification Number

CPurpose of Disbursement
FIELD CONSULTING SERVICES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : B4ADFE22901B749339E4

☐ Memo Item

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

2099.00

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

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

PAGE 49 OF 62

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

SHREVE FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
FIELD CONSULTING SERVICES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : BA75D8C4864C2475384B

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WHITE, ISAAC, , ,

Mailing Address PO BOX 17182

City
SOUTHPORTState
INZip Code
46227Purpose of Disbursement
FIELD CONSULTING SERVICES

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2026

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B74DA3DFDF1C1412EB43

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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).....▶

3000.00

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

72041.31

SCHEDULE C (FEC Form 3)
LOANS

PAGE 50 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : C6A7F6FC589A04443B97

SHREVE FOR CONGRESS

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

Election: 2024

SHREVE, JEFFERSON, , ,

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 16 / 2024M 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).....▶

100000.00

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

PAGE 51 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : C6FDE22CD942F476C8F9

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 05 / 2024

M M / D D / Y Y Y Y

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).....▶

50000.00

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

PAGE 52 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : CA041F3E6D2D64F809A6

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2024

M M / D D / Y Y Y Y

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).....▶

1000000.00

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

PAGE 53 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : C90FFB25E53CC4FFE900

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

700000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

700000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 28 / 2024

M M / D D / Y Y Y Y

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).....▶

700000.00

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

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

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

PAGE 54 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : C17DEF342EDB74A2FBAA

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 / 29 / 2024M M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ / NONE

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1000000.00

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

PAGE 55 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : CBFF3D1FC2D0D46F6998

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

600000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 26 / 2024

M M / D D / Y Y Y Y

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).....▶

600000.00

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

PAGE 56 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : C32DDF7217B2B428A8E7

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

1000000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 / 21 / 2024M M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ /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).....▶

1000000.00

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

PAGE 57 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9FE6944440CD40C1A2F

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

300000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 31 / 2024

M M / D D / Y Y Y Y

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).....▶

300000.00

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

PAGE 58 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2BFDBFB36A9643EDAB8

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 07 / 2024

M M / D D / Y Y Y Y

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).....▶

50000.00

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

PAGE 59 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : CE130FB8252BF49B5AF8

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 11 / 2024

M M / D D / Y Y Y Y

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).....▶

500000.00

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

PAGE 60 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : C4C0B138262214F288FE

SHREVE FOR CONGRESS

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 18 / 2024

M M / D D / Y Y Y Y

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).....▶

500000.00

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

PAGE 61 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : CEA4F5FB9BCF54383A38

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 24 / 2024

M M / D D / Y Y Y Y

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).....▶

50000.00

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

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

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

PAGE 62 OF 62

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

NAME OF COMMITTEE (In Full)

Transaction ID : C75AE888D13C34C5BBD3

SHREVE FOR CONGRESS

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

SHREVE, JEFFERSON, , ,

Mailing Address

PO BOX 17182

City

SOUTHPORT

State

IN

ZIP Code

46227

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 23 / 2024

M M / D D / Y Y Y Y

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).....▶

50000.00

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

5900000.00

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