

**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.

1 2 F E 4 M 5

FOLEY FOR CONGRESS

ADDRESS (number and street)

2000 MALLORY LN

STE 290 - 1110

Check if different
than previously
reported. (ACC)

FRANKLIN

TN

37067

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00910984

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

TN

07

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

through

M M /

D D /

Y Y Y Y

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

BOLES, JASON, D, ,

Signature of Treasurer

BOLES, JASON, D, ,

Date

M M /

D D /

Y Y Y Y

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

FOLEY FOR CONGRESS

Report Covering the Period:

From:

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

To:

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

	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))	5.00	80553.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	5.00	80553.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	109730.56	498628.00
(b) Total Offsets to Operating Expenditures (from Line 14)	14000.00	14000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	95730.56	484628.00
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
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)	0.00	

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

FOLEY FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2025

To:

M M / D D / Y Y Y Y
12 / 31 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

0.00

71450.00

(ii) Unitemized

5.00

3603.00

(iii) TOTAL of contributions
from individuals ▶

5.00

75053.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

5500.00

(d) The Candidate

0.00

0.00

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

5.00

80553.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

82000.00

407000.00

(b) All Other Loans.....

0.00

0.00

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

82000.00

407000.00

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

14000.00

14000.00

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

0.00

0.00

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

96005.00

501553.00

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.....	109730.56	498628.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	2925.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	109730.56	501553.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	13725.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	96005.00
25. SUBTOTAL (add Line 23 and Line 24).....	109730.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	109730.56
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @G `CF`+H9A-N5H-CB
.

Form/Schedule: F3T
Transaction ID :

THE COMMITTEE HEREBY PROVIDES THIS ADDENDUM IN CONNECTION WITH ITS TERMINATION REPORT TO CLARIFY THE DISPOSITION OF ALL OUTSTANDING CANDIDATE LOANS. THE CANDIDATE, MASON FOLEY, HAS FORGIVEN IN FULL ALL LOANS MADE FROM HIS PERSONAL FUNDS TO FOLEY FOR CONGRESS, INCLUDING BUT NOT LIMITED TO THE LOANS ITEMIZED ON SCHEDULE C OF THIS REPORT. THE TOTAL AMOUNT FORGIVEN EQUALS THE FULL OUTSTANDING BALANCE OF SUCH LOANS AS OF THE CLOSE OF THE REPORTING PERIOD. AS A RESULT OF THIS FORGIVENESS: - THE COMMITTEE HAS NO OUTSTANDING DEBTS OR OBLIGATIONS OF ANY KIND, INCLUDING LOANS. - THE COMMITTEE MAINTAINS \$0.00 CASH ON HAND. - THE COMMITTEE HAS TERMINATED ALL FINANCIAL ACTIVITY. THE CANDIDATE IS SEPARATELY SUBMITTING CORRESPONDENCE TO THE FEDERAL ELECTION COMMISSION MEMORIALIZING THIS LOAN FORGIVENESS FOR THE ADMINISTRATIVE RECORD. ACCORDINGLY, THIS FORGIVENESS FULLY RESOLVES ALL REMAINING LIABILITIES, AND THE COMMITTEE RESPECTFULLY SUBMITS THAT IT MEETS THE REQUIREMENTS FOR TERMINATION.

Form/Schedule:
Transaction ID:

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

PAGE 6 OF 29

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

FOLEY, MASON, , ,

A.Mailing Address 2000 MALLORY LANE
290-1110City
FRANKLINState
TNZip Code
37067FEC ID number of contributing
federal political committee.**C** H6TN07211Name of Employer
MAIN STREET RURAL HEALTHOccupation
DIRECTOR

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

407000.00

Date of Receipt

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

Transaction ID : A-303

Amount of Each Receipt this Period

82000.00

☐ Memo Item

LOAN FROM PERSONAL FUNDS OF CANDIDATE

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

82000.00

82000.00

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

PAGE 7 OF 29

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

HEXCODE MARKETING

A.

Mailing Address 355 NORTH MOSLEY ST

City
WICHITAState
KSZip Code
67202FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

- 14000.00

Date of Receipt

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

Transaction ID : A-295

Amount of Each Receipt this Period

14000.00

☐ Memo Item

DIGITAL ADVERTISING- REFUND OF PREPAID

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

14000.00

14000.00

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

PAGE 8 OF 29

<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)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BALLOT BRAIN LLCMailing Address 5900 BALCONES DRIVE
SUITE 21065City
AUSTINState
TXZip Code
78731Purpose of Disbursement
MMS IMAGE

004

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1745.52

Transaction ID : B-304

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BALLOT BRAIN LLCMailing Address 5900 BALCONES DRIVE
SUITE 21065City
AUSTINState
TXZip Code
78731Purpose of Disbursement
MMS IMAGE

004

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1539.80

Transaction ID : B-305

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FAIRFIELD INN & SUITES

Mailing Address 901 DIVISION STREET

City
NASHVILLEState
TNZip Code
37203Purpose of Disbursement
LODGING

002

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

825.00

Transaction ID : B-260

☒ Memo Item MEMO: DEBT SUBVENDOR OF
CATO CONSULTING GROUP. LLC**SUBTOTAL** of Disbursements This Page (optional).....▶

3285.32

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 9 OF 29

<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)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CATO CONSULTING GROUP, LLC

Mailing Address 420 NORTH RUTLAND STREET

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2025			

City
WICHITAState
KSZip Code
67206

FEC Identification Number

C

Purpose of Disbursement
EXPENSE REIMBURSEMENT - ITEMIZED MEMO ITEMS

001

Amount of Each Disbursement this Period

1206.55

Transaction ID : B-317

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Full Name (Last, First, Middle Initial)

B. EXCELSIOR GSC, LLCMailing Address 1140 AVENUE OF THE AMERICAS
9TH FLOOR

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2025			

City
NEW YORKState
NYZip Code
10036

FEC Identification Number

C

Purpose of Disbursement
POLLING

005

Amount of Each Disbursement this Period

3075.00

Transaction ID : B-312

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Full Name (Last, First, Middle Initial)

C. FOLEY, KYLIE, , ,Mailing Address 1010 HALF ST SE
APT 680

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			17			2025			

City
WASHINGTONState
DCZip Code
20003

FEC Identification Number

C

Purpose of Disbursement
POSTAGE

001

Amount of Each Disbursement this Period

1170.00

Transaction ID : B-308

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

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

5451.55

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary 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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UNITED STATES POSTAL SERVICE (USPS)

Mailing Address 475 L'ENFANT PLAZA SOUTHWEST

City
WASHINGTONState
DCZip Code
20260Purpose of Disbursement
POSTAGE FOR MAILER

006

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

SPECIAL-2025

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

546.00

Transaction ID : B-228

☒ Memo Item MEMO: DEBT SUBVENDOR OF GRIFFIN GOODMAN

Full Name (Last, First, Middle Initial)

B. GOODMAN, GRIFFIN, , ,

Mailing Address 623 HUNTERS OAKS LANE

City
BRENTWOODState
TNZip Code
37027Purpose of Disbursement
REIMBURSEMENT FOR POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

SPECIAL-2025

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

546.00

Transaction ID : B-306

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOODMAN, GRIFFIN, , ,

Mailing Address 623 HUNTERS OAKS LANE

City
BRENTWOODState
TNZip Code
37027Purpose of Disbursement
MILEAGE REIMBURSEMENT

002

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

SPECIAL-2025

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1496.46

Transaction ID : B-307

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

2042.46

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 11 OF 29

<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)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HEADLEY, RICKY, , ,

Mailing Address 1086 FOREST HILLS DR

City
SPRINGHILLState
TNZip Code
37174Purpose of Disbursement
CAMPAIGN CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-309

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HEADLEY, RICKY, , ,

Mailing Address 1086 FOREST HILLS DR

City
SPRINGHILLState
TNZip Code
37174Purpose of Disbursement
CAMPAIGN CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-310

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HEADLEY, RICKY, , ,

Mailing Address 1086 FOREST HILLS DR

City
SPRINGHILLState
TNZip Code
37174Purpose of Disbursement
CAMPAIGN CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B-311

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

4000.00

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 12 OF 29

<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)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. LW GILLIS & CO

Mailing Address 822 LEIGH MILL ROAD

City
GREAT FALLSState
VAZip Code
22066Purpose of Disbursement
GENERAL STRATEGY AND FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

SPECIAL-2025

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : B-313

☐ Memo Item**B. MINUTEMAN PRESS**

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
BUSINESS CARDS & DOOR HANGERS

006

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

SPECIAL-2025

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2626.77

Transaction ID : B-318

☐ Memo Item**C. MINUTEMAN PRESS**

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
DOOR HANGERS

006

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

SPECIAL-2025

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

238.45

Transaction ID : B-319

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

7865.22

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

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

PAGE 13 OF 29

<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)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
DOOR HANGERS

006

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

SPECIAL-2025

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2035.80

Transaction ID : B-320

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
POSTCARDS

006

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

SPECIAL-2025

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1738.10

Transaction ID : B-321

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PUBLIX

Mailing Address 7014 CITY CENTER WAY

City
FAIRVIEWState
TNZip Code
37062Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

SPECIAL-2025

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

390.00

Transaction ID : B-287

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

4163.90

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 14 OF 29

<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)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TABULARIUS COMPLIANCEMailing Address 126 C STREET NW
THIRD FLOORCity
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1700.00

Transaction ID : B-277

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TABULARIUS COMPLIANCEMailing Address 126 C STREET NW
THIRD FLOORCity
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
COMPLIANCE AND ETHICS CONSULTING- REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2200.00

Transaction ID : B-328

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TABULARIUS COMPLIANCEMailing Address 126 C STREET NW
THIRD FLOORCity
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

395.72

Transaction ID : B-329

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

4295.72

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 15 OF 29

<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)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE HEREFORD AGENCYMailing Address 908 KING ST
STE 100City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
FILM SHOOT FOR CAMPAIGN VIDEO

004

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

17800.00

Transaction ID : B-316

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THRESHOLD STRATEGIESMailing Address 6175 HICKORY FLAT HWY
110-401City
CANTONState
GAZip Code
30115Purpose of Disbursement
CANVASSING SERVICES

006

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

41902.92

Transaction ID : B-315

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TOTAL VIDEO PLACEMENTS (FLEXPOINT MEDIA)

Mailing Address PO BOX 86

City
MOUNT VERNONState
VAZip Code
22121Purpose of Disbursement
TELEVISION ADVERTISEMENTS

004

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : B-284

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

69702.92

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 16 OF 29

<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)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TOTAL VIDEO PLACEMENTS (FLEXPOINT MEDIA)

Mailing Address PO BOX 86

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		17		2025

City
MOUNT VERNONState
VAZip Code
22121

FEC Identification Number

C

Purpose of Disbursement
TELEVISION ADVERTISEMENTS

004

Amount of Each Disbursement this Period

7633.50

Transaction ID : B-314

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL SERVICE (USPS)

Mailing Address 475 L'ENFANT PLAZA SOUTHWEST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		02		2025

City
WASHINGTONState
DCZip Code
20260

FEC Identification Number

C

Purpose of Disbursement
POSTAGE

001

Amount of Each Disbursement this Period

1014.00

Transaction ID : B-285

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

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

Disbursement For: 2025

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

State:

District:

SPECIAL-2025

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Candidate Name

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:

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

8647.50

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

109454.59

SCHEDULE C (FEC Form 3)
LOANS

PAGE 17 OF 29

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 : C-154

FOLEY FOR CONGRESS

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

Election: 2025

FOLEY, MASON, , ,

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Mailing Address

2000 MALLORY LANE
290-1110

City

FRANKLIN

State

TN

ZIP Code

37067

☒ Personal Funds of the Candidate

Original Amount of Loan

295000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 12 / 2025

M M / D D / Y Y Y Y

12/31/2025

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).....▶

0.00

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.

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SC/10
Transaction ID : C-154

OUTSTANDING LOAN AMOUNT OF 295000.00 WAS REDUCED IN THE AMOUNT OF 295000.00 BY
FORGIVENESS

Form/Schedule:
Transaction ID:

SCHEDULE C (FEC Form 3)
LOANS

PAGE 19 OF 29

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 : C-303

FOLEY FOR CONGRESS

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

☐ Memo Item

Election: 2025

FOLEY, MASON, , ,

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Mailing Address

2000 MALLORY LANE
290-1110

City

FRANKLIN

State

TN

ZIP Code

37067

☐ Personal Funds of the Candidate

Original Amount of Loan

82000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 14 / 2025

M M / D D / Y Y Y Y

12/31/2025

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).....▶

0.00

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.

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A=N5HCB
.

Form/Schedule: SC/10
Transaction ID : C-303

OUTSTANDING LOAN AMOUNT OF 82000.00 WAS REDUCED IN THE AMOUNT OF 82000.00 BY
FORGIVENESS

Form/Schedule:
Transaction ID:

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

PAGE 21 OF 29

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

NAME OF COMMITTEE (In Full)

Transaction ID : C-97

FOLEY FOR CONGRESS

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

☐ Memo Item

Election: 2025

FOLEY, MASON, , ,

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Mailing Address

2000 MALLORY LANE
290-1110

City

FRANKLIN

State

TN

ZIP Code

37067

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 12 / 2025

M M / D D / Y Y Y Y

12/31/2025

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).....▶

0.00

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

0.00

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

: 97 `A-G79 @ @ B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+H9A-N5HCB
.

Form/Schedule: SC/10
Transaction ID : C-97

OUTSTANDING LOAN AMOUNT OF 30000.00 WAS REDUCED IN THE AMOUNT OF 30000.00 BY
FORGIVENESS

Form/Schedule:
Transaction ID:

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

PAGE 23 OF 29

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

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

BALLOT BRAIN LLC

Nature of Debt (Purpose):

MMS IMAGE

Mailing Address 5900 BALCONES DRIVE
SUITE 21065City
AUSTINState
TXZip Code
78731

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-282

Amount Incurred This Period

1539.80

Payment This Period

1539.80

Outstanding Balance at Close of This Period

0.00

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

BALLOT BRAIN LLC

Nature of Debt (Purpose):

MMS IMAGE

Mailing Address 5900 BALCONES DRIVE
SUITE 21065City
AUSTINState
TXZip Code
78731

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-296

Amount Incurred This Period

1745.52

Payment This Period

1745.52

Outstanding Balance at Close of This Period

0.00

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

CATO CONSULTING GROUP, LLC

Nature of Debt (Purpose):

EXPENSE REIMBURSEMENT - ITEMIZED
MEMO ITEMS

Mailing Address 420 NORTH RUTLAND STREET

City
WICHITAState
KSZip Code
67206

Outstanding Balance Beginning This Period

1206.55

Transaction ID : D-259

Amount Incurred This Period

0.00

Payment This Period

1206.55

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

PAGE 24 OF 29

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

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

EXCELSIOR GSC, LLC

Nature of Debt (Purpose):

POLLING

Mailing Address 1140 AVENUE OF THE AMERICAS
9TH FLOORCity
NEW YORKState
NYZip Code
10036

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-299

Amount Incurred This Period

3075.00

Payment This Period

3075.00

Outstanding Balance at Close of This Period

0.00

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

FOLEY, KYLIE, , ,

Nature of Debt (Purpose):

POSTAGE

Mailing Address 1010 HALF ST SE
APT 680City
WASHINGTONState
DCZip Code
20003

Outstanding Balance Beginning This Period

1170.00

Transaction ID : D-256

Amount Incurred This Period

0.00

Payment This Period

1170.00

Outstanding Balance at Close of This Period

0.00

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

GOODMAN, GRIFFIN, , ,

Nature of Debt (Purpose):

REIMBURSEMENT FOR POSTAGE

Mailing Address 623 HUNTERS OAKS LANE

City
BRENTWOODState
TNZip Code
37027

Outstanding Balance Beginning This Period

546.00

Transaction ID : D-227

Amount Incurred This Period

0.00

Payment This Period

546.00

Outstanding Balance at Close of This Period

0.00

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

0.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 25 OF 29

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

GOODMAN, GRIFFIN, , ,

Nature of Debt (Purpose):

MILEAGE REIMBURSEMENT

Mailing Address 623 HUNTERS OAKS LANE

City

BRENTWOOD

State

TN

Zip Code

37027

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-300

Amount Incurred This Period

1496.46

Payment This Period

1496.46

Outstanding Balance at Close of This Period

0.00

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

HEADLEY, RICKY, , ,

Nature of Debt (Purpose):

CAMPAIGN CONSULTING

Mailing Address 1086 FOREST HILLS DR

City

SPRINGHILL

State

TN

Zip Code

37174

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-288

Amount Incurred This Period

1500.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

0.00

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

HEADLEY, RICKY, , ,

Nature of Debt (Purpose):

CAMPAIGN CONSULTING

Mailing Address 1086 FOREST HILLS DR

City

SPRINGHILL

State

TN

Zip Code

37174

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-289

Amount Incurred This Period

1500.00

Payment This Period

1500.00

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
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numbered line)

PAGE 26 OF 29

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

HEADLEY, RICKY, , ,

Nature of Debt (Purpose):

CAMPAIGN CONSULTING

Mailing Address 1086 FOREST HILLS DR

City

SPRINGHILL

State

TN

Zip Code

37174

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-290

Amount Incurred This Period

1000.00

Payment This Period

1000.00

Outstanding Balance at Close of This Period

0.00

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

LW GILLIS & CO

Nature of Debt (Purpose):

GENERAL STRATEGY AND FUNDRAISING
CONSULTING

Mailing Address 822 LEIGH MILL ROAD

City

GREAT FALLS

State

VA

Zip Code

22066

Outstanding Balance Beginning This Period

5000.00

Transaction ID : D-258

Amount Incurred This Period

0.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

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

MINUTEMAN PRESS

Nature of Debt (Purpose):

BUSINESS CARDS & DOOR HANGERS

Mailing Address 415 SPENCE LANE

City

NASHVILLE

State

TN

Zip Code

37210

Outstanding Balance Beginning This Period

2626.77

Transaction ID : D-217

Amount Incurred This Period

0.00

Payment This Period

2626.77

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

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

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

PAGE 27 OF 29

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

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

MINUTEMAN PRESS

Nature of Debt (Purpose):

DOOR HANGERS

Mailing Address 415 SPENCE LANE

City

NASHVILLE

State

TN

Zip Code

37210

Outstanding Balance Beginning This Period

2035.80

Transaction ID : D-253

Amount Incurred This Period

0.00

Payment This Period

2035.80

Outstanding Balance at Close of This Period

0.00

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

MINUTEMAN PRESS

Nature of Debt (Purpose):

POSTCARDS

Mailing Address 415 SPENCE LANE

City

NASHVILLE

State

TN

Zip Code

37210

Outstanding Balance Beginning This Period

1738.10

Transaction ID : D-254

Amount Incurred This Period

0.00

Payment This Period

1738.10

Outstanding Balance at Close of This Period

0.00

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

TABULARIUS COMPLIANCE

Nature of Debt (Purpose):

COMPLIANCE AND ETHICS CONSULTING-
REGULATORY REPORTINGMailing Address 126 C STREET NW
THIRD FLOOR

City

WASHINGTON

State

DC

Zip Code

20001

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-301

Amount Incurred This Period

2200.00

Payment This Period

2200.00

Outstanding Balance at Close of This Period

0.00

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

0.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
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FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

THE HEREFORD AGENCY

Nature of Debt (Purpose):

FILM SHOOT FOR CAMPAIGN VIDEO

Mailing Address 908 KING ST
STE 100City
ALEXANDRIAState
VAZip Code
22314

Outstanding Balance Beginning This Period

17800.00

Transaction ID : D-199

Amount Incurred This Period

0.00

Payment This Period

17800.00

Outstanding Balance at Close of This Period

0.00

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

THRESHOLD STRATEGIES

Nature of Debt (Purpose):

CANVASSING SERVICES

Mailing Address 6175 HICKORY FLAT HWY
110-401City
CANTONState
GAZip Code
30115

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-298

Amount Incurred This Period

41902.92

Payment This Period

41902.92

Outstanding Balance at Close of This Period

0.00

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

TOTAL VIDEO PLACEMENTS (FLEXPOINT MEDIA)

Nature of Debt (Purpose):

TELEVISION ADVERTISEMENTS

Mailing Address PO BOX 86

City
MOUNT VERNONState
VAZip Code
22121

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-283

Amount Incurred This Period

10000.00

Payment This Period

10000.00

Outstanding Balance at Close of This Period

0.00

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

0.00

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 29 OF 29

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

TOTAL VIDEO PLACEMENTS (FLEXPOINT MEDIA)

Nature of Debt (Purpose):

TELEVISION ADVERTISEMENTS

Mailing Address PO BOX 86

City
MOUNT VERNON

State
VA

Zip Code
22121

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-291

Amount Incurred This Period

7633.50

Payment This Period

7633.50

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

0.00

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

0.00

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

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