

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

FOLEY FOR CONGRESS

ADDRESS (number and street)

2000 MALLORY LN

STE 290 - 1110

FRANKLIN

TN

37067

▼
Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00910984

3. IS THIS
REPORTNEW
(N)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 Yin 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 Yin the
State of

5. Covering Period

 M 10 D 01 Y 2025

through

 M 12 D 31 Y 2025

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

Type or Print Name of Treasurer

BOLES, JASON, D.,

Signature of Treasurer

BOLES, JASON, D.,

Date

 M 01 D 05 Y 2026

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

Office
Use
OnlyFEC FORM 3
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

FOLEY FOR CONGRESS

Report Covering the Period: From:

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

To:

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

COLUMN A
This Period
COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

- (a) Total Contributions (other than loans) (from Line 11(e))
- (b) Total Contribution Refunds (from Line 20(d))
- (c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))

5.00	80553.00
0.00	0.00
5.00	80553.00

7. Net Operating Expenditures

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

109730.56	498628.00
14000.00	14000.00
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
10D D
01Y Y Y Y
2025

To:

M M
12D D
31Y Y Y Y
2025

I. RECEIPTS

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

11. CONTRIBUTIONS (other than loans) FROM:

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

0.00	71450.00
5.00	3603.00
5.00	75053.00
0.00	0.00
0.00	5500.00
0.00	0.00
5.00	80553.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

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

13. LOANS:

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

82000.00	407000.00
0.00	0.00
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
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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=G7 9 @ B9 C1 G H9 L H F9 @ H9 8 H C 5 F9 D C F H Z G7 < 98 I @ C F H 9 A = N5 H C B

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 RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 29

 (check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

<p>A. Full Name (Last, First, Middle Initial) FOLEY, MASON, , ,</p> <p>Mailing Address 2000 MALLORY LANE 290-1110</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City FRANKLIN</td> <td style="width: 33%;">State TN</td> <td style="width: 33%;">Zip Code 37067</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C H6TN07211</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Employer MAIN STREET RURAL HEALTH</td> <td style="width: 50%;">Occupation DIRECTOR</td> </tr> </table> <p>Receipt For: 2025</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL-2025 </td> <td style="width: 50%; text-align: center;"> Election Cycle-to-Date ▼ 407000.00 </td> </tr> </table>		City FRANKLIN	State TN	Zip Code 37067	Name of Employer MAIN STREET RURAL HEALTH	Occupation DIRECTOR	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL-2025	Election Cycle-to-Date ▼ 407000.00	<p>Date of Receipt M M / D D / Y Y Y Y 10 14 2025</p> <p>Transaction ID : A-303</p> <p>Amount of Each Receipt this Period 82000.00</p> <p><input type="checkbox"/> Memo Item LOAN FROM PERSONAL FUNDS OF CANDIDATE</p>
City FRANKLIN	State TN	Zip Code 37067							
Name of Employer MAIN STREET RURAL HEALTH	Occupation DIRECTOR								
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Other (specify) ▼ SPECIAL-2025	Election Cycle-to-Date ▼ 407000.00								
<p>B. Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Employer</td> <td style="width: 50%;">Occupation</td> </tr> </table> <p>Receipt For:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> <td style="width: 50%; text-align: center;"> Election Cycle-to-Date ▼ </td> </tr> </table>		City	State	Zip Code	Name of Employer	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<p>Date of Receipt M M / D D / Y Y Y Y </p> <p>Amount of Each Receipt this Period </p> <p><input type="checkbox"/> Memo Item</p>
City	State	Zip Code							
Name of Employer	Occupation								
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼								
<p>C. Full Name (Last, First, Middle Initial)</p> <p>Mailing Address</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip Code</td> </tr> </table> <p>FEC ID number of contributing federal political committee. C</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name of Employer</td> <td style="width: 50%;">Occupation</td> </tr> </table> <p>Receipt For:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </td> <td style="width: 50%; text-align: center;"> Election Cycle-to-Date ▼ </td> </tr> </table>		City	State	Zip Code	Name of Employer	Occupation	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼	<p>Date of Receipt M M / D D / Y Y Y Y </p> <p>Amount of Each Receipt this Period </p> <p><input type="checkbox"/> Memo Item</p>
City	State	Zip Code							
Name of Employer	Occupation								
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼								
<p>SUBTOTAL of Receipts This Page (optional)..... ►</p> <p>TOTAL This Period (last page this line number only)</p>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">82000.00</td> <td style="width: 50%;">82000.00</td> </tr> </table>	82000.00	82000.00					
82000.00	82000.00								

SCHEDULE B (FEC Form 3)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BALLOT BRAIN LLC

Mailing Address 5900 BALCONES DRIVE
SUITE 21065

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement
MMS IMAGE

004

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2025
 Senate Primary General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

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 LLC

Mailing Address 5900 BALCONES DRIVE
SUITE 21065

City AUSTIN State TX Zip Code 78731

Purpose of Disbursement
MMS IMAGE

004

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2025
 Senate Primary General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

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 NASHVILLE State TN Zip Code 37203

Purpose of Disbursement
LODGING

002

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2025
 Senate Primary General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

M M 08 / D D 19 / Y Y Y Y Y 2025

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 DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

 PAGE 9 OF 29
 17 18 19a 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

City WICHITA State KS Zip Code 67206

 Purpose of Disbursement
 EXPENSE REIMBURSEMENT - ITEMIZED MEMO ITEMS

001

Candidate Name

Category/
Type
 Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1206.55

Transaction ID : B-317

 Memo Item

Full Name (Last, First, Middle Initial)

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

City NEW YORK State NY Zip Code 10036

 Purpose of Disbursement
 POLLING

005

Candidate Name

Category/
Type
 Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

3075.00

Transaction ID : B-312

 Memo Item

Full Name (Last, First, Middle Initial)

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

City WASHINGTON State DC Zip Code 20003

 Purpose of Disbursement
 POSTAGE

001

Candidate Name

Category/
Type
 Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1170.00

Transaction ID : B-308

 Memo Item

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 Page

 FOR LINE NUMBER:
 (check only one)

 PAGE 10 OF 29
 17 18 19a 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 WASHINGTON State DC Zip Code 20260

 Purpose of Disbursement
 POSTAGE FOR MAILER

006

Candidate Name

 Category/
Type

 Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

 M M 09 / D D 17 / Y Y Y Y Y
 09 17 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

546.00

Transaction ID : B-228

 X Memo Item MEMO: DEBT SUBVENDOR OF
 GRIFFIN GOODMAN

Full Name (Last, First, Middle Initial)

B. GOODMAN, GRIFFIN, , ,

Mailing Address 623 HUNTERS OAKS LANE

City BRENTWOOD State TN Zip Code 37027

 Purpose of Disbursement
 REIMBURSEMENT FOR POSTAGE

001

Candidate Name

 Category/
Type

 Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

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 BRENTWOOD State TN Zip Code 37027

 Purpose of Disbursement
 MILEAGE REIMBURSEMENT

002

Candidate Name

 Category/
Type

 Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

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 DISBURSEMENTS

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

 FOR LINE NUMBER:
 (check only one)

PAGE 11 OF 29

 17 18 19a 19b
 20a 20b 20c 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:

 House
 Senate
 President

Disbursement For: 2025

 Primary
 Other (specify) ▼

General

State:

District:

SPECIAL-2025

Date of Disbursement

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

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:

 House
 Senate
 President

Disbursement For: 2025

 Primary
 Other (specify) ▼

General

State:

District:

SPECIAL-2025

Date of Disbursement

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

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:

 House
 Senate
 President

Disbursement For: 2025

 Primary
 Other (specify) ▼

General

State:

District:

SPECIAL-2025

Date of Disbursement

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

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 DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

PAGE 12 OF 29

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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 FALLS State VA Zip Code 22066

Purpose of Disbursement
GENERAL STRATEGY AND FUNDRAISING CONSULTING

001

Candidate Name

Category/
Type

Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : B-313

Memo Item

Full Name (Last, First, Middle Initial)

B. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City NASHVILLE State TN Zip Code 37210

Purpose of Disbursement
BUSINESS CARDS & DOOR HANGERS

006

Candidate Name

Category/
Type

Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2626.77

Transaction ID : B-318

Memo Item

Full Name (Last, First, Middle Initial)

C. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City NASHVILLE State TN Zip Code 37210

Purpose of Disbursement
DOOR HANGERS

006

Candidate Name

Category/
Type

Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

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 DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

PAGE 13 OF 29

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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
NASHVILLE

State
TN

Zip Code
37210

Purpose of Disbursement
DOOR HANGERS

006

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2025

Primary
 Other (specify) ▼

SPECIAL-2025

State: District:

Full Name (Last, First, Middle Initial)

B. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City
NASHVILLE

State
TN

Zip Code
37210

Purpose of Disbursement
POSTCARDS

006

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2025

Primary
 Other (specify) ▼

SPECIAL-2025

State: District:

Full Name (Last, First, Middle Initial)

C. PUBLIX

Mailing Address 7014 CITY CENTER WAY

City
FAIRVIEW

State
TN

Zip Code
37062

Purpose of Disbursement
POSTAGE

Date of Disbursement

10 / 17 / 2025

Candidate Name

001

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For: 2025

Primary
 Other (specify) ▼

SPECIAL-2025

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ► 4163.90

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

SCHEDULE B (FEC Form 3)

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

PAGE 14 OF 29

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NAME OF COMMITTEE (In Full)
FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TABULARIUS COMPLIANCE

Mailing Address 126 C STREET NW
THIRD FLOOR

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

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 COMPLIANCE

Mailing Address 126 C STREET NW
THIRD FLOOR

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
COMPLIANCE AND ETHICS CONSULTING- REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

M M 12 / D D 31 / Y Y Y Y Y 2025

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 COMPLIANCE

Mailing Address 126 C STREET NW
THIRD FLOOR

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

M M 12 / D D 31 / Y Y Y Y Y 2025

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 DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

PAGE 15 OF 29

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NAME OF COMMITTEE (In Full)
FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE HEREFORD AGENCY

Mailing Address 908 KING ST
STE 100

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FILM SHOOT FOR CAMPAIGN VIDEO

004

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2025
 Senate Primary General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

M M 10 / D D 21 / Y Y Y Y Y 2025

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 STRATEGIES

Mailing Address 6175 HICKORY FLAT HWY
110-401

City CANTON State GA Zip Code 30115

Purpose of Disbursement
CANVASSING SERVICES

006

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2025
 Senate Primary General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

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 VERNON State VA Zip Code 22121

Purpose of Disbursement
TELEVISION ADVERTISEMENTS

004

Candidate Name

Category/
Type

Office Sought: House Disbursement For: 2025
 Senate Primary General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

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 DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

PAGE 16 OF 29

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)

A. TOTAL VIDEO PLACEMENTS (FLEXPOINT MEDIA)

Mailing Address PO BOX 86

City MOUNT VERNON State VA Zip Code 22121

Purpose of Disbursement
TELEVISION ADVERTISEMENTS

004

Candidate Name

Category/
Type

Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

7633.50

Transaction ID : B-314

Memo Item

Full Name (Last, First, Middle Initial)

B. UNITED STATES POSTAL SERVICE (USPS)

Mailing Address 475 L'ENFANT PLAZA SOUTHWEST

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

001

Candidate Name

Category/
Type

Office Sought: House Primary Disbursement For: 2025
 Senate General
 President Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1014.00

Transaction ID : B-285

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House Primary Disbursement For:
 Senate General
 President Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

PAGE 17 OF 29

FOR 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

FOLEY, MASON, , ,

Mailing Address

2000 MALLORY LANE
290-1110

Election: 2025

 Primary General Other (specify) ▼

SPECIAL-2025

City

FRANKLIN

State

TN

ZIP Code

37067

 Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

295000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M
09D D
12Y Y Y Y
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=G7 9 @5 B9 C1 G'H9 LH'F9 @5 H98 HC'5 F9 DCF H'ZG7 <981 @' CF 'H9 A=N5 H=CB

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

PAGE 19 OF 29

FOR 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

FOLEY, MASON, , ,

Mailing Address

2000 MALLORY LANE
290-1110

Election: 2025

 Primary General Other (specify) ▼

SPECIAL-2025

City

FRANKLIN

State

TN

ZIP Code

37067

 Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

82000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M
10M
14/ Y
2025M
M/ D
D/ 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=G7 9 @ B9 C1 G H9 L H F9 @ H9 8 H C 5 F9 D C F H Z G7 < 98 I @ C F H 9 A = N H C B

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)**LOANS**Use 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

FOLEY, MASON, , ,

Mailing Address

2000 MALLORY LANE
290-1110

Election: 2025

 Primary General Other (specify) ▼

SPECIAL-2025

City

FRANKLIN

State

TN

ZIP Code

37067

 Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

30000.00

0.00

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M
08D D
12Y Y Y Y
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=G7 9 @ B9 C1 G H9 L H F9 @ H9 8 H C 5 F9 D C F H Z G7 < 98 I @ C F H 9 A = N H C B

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 21065

City AUSTIN State TX Zip Code 78731

Outstanding Balance Beginning This Period

Transaction ID : D-282

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1539.80

1539.80

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 21065

City AUSTIN State TX Zip Code 78731

Outstanding Balance Beginning This Period

Transaction ID : D-296

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1745.52

1745.52

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 WICHITA State KS Zip Code 67206

Outstanding Balance Beginning This Period

Transaction ID : D-259

1206.55

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

1206.55

0.00

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) ►

0.00

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

0.00

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):

POLLINGMailing Address 1140 AVENUE OF THE AMERICAS
9TH FLOOR

City NEW YORK State NY Zip Code 10036

Outstanding Balance Beginning This Period

Transaction ID : D-299

0.00

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):

POSTAGEMailing Address 1010 HALF ST SE
APT 680

City WASHINGTON State DC Zip Code 20003

Outstanding Balance Beginning This Period

Transaction ID : D-256

1170.00

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 BRENTWOOD State TN Zip Code 37027

Outstanding Balance Beginning This Period

Transaction ID : D-227

546.00

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) ►

0.00

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

0.00

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

0.00

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 CONGRESSA. 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

Transaction ID : D-300

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1496.46

1496.46

0.00

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

Nature of Debt (Purpose):
CAMPAIGN CONSULTING**HEADLEY, RICKY, , ,**

Mailing Address 1086 FOREST HILLS DR

City SPRINGHILL State TN Zip Code 37174

Outstanding Balance Beginning This Period

Transaction ID : D-288

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1500.00

1500.00

0.00

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

Nature of Debt (Purpose):
CAMPAIGN CONSULTING**HEADLEY, RICKY, , ,**

Mailing Address 1086 FOREST HILLS DR

City SPRINGHILL State TN Zip Code 37174

Outstanding Balance Beginning This Period

Transaction ID : D-289

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1500.00

1500.00

0.00

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) ►

0.00

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

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
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
SPRINGHILLState
TNZip Code
37174

Outstanding Balance Beginning This Period

Transaction ID : D-290

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1000.00

1000.00

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 FALLSState
VAZip Code
22066

Outstanding Balance Beginning This Period

Transaction ID : D-258

5000.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

5000.00

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
NASHVILLEState
TNZip Code
37210

Outstanding Balance Beginning This Period

Transaction ID : D-217

2626.77

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

2626.77

0.00

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) ►

0.00

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

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
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
NASHVILLEState
TNZip Code
37210

Outstanding Balance Beginning This Period

Transaction ID : D-253

2035.80

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

2035.80

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
NASHVILLEState
TNZip Code
37210

Outstanding Balance Beginning This Period

Transaction ID : D-254

1738.10

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

0.00

1738.10

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 FLOORCity
WASHINGTONState
DCZip Code
20001

Outstanding Balance Beginning This Period

Transaction ID : D-301

0.00

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

2200.00

2200.00

0.00

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) ►

0.00

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

0.00

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)PAGE 28 OF 29
FOR LINE NUMBER:
(check only one)
 9
 10

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESSA. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE HEREFORD AGENCYNature of Debt (Purpose):
FILM SHOOT FOR CAMPAIGN VIDEOMailing Address 908 KING ST
STE 100

City ALEXANDRIA State VA Zip Code 22314

Outstanding Balance Beginning This Period

Transaction ID : D-199

17800.00

Amount Incurred This Period

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):
CANVASSING SERVICES**THRESHOLD STRATEGIES**Mailing Address 6175 HICKORY FLAT HWY
110-401

City CANTON State GA Zip Code 30115

Outstanding Balance Beginning This Period

Transaction ID : D-298

0.00

Amount Incurred This Period

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):
TELEVISION ADVERTISEMENTS**TOTAL VIDEO PLACEMENTS (FLEXPOINT MEDIA)**

Mailing Address PO BOX 86

City MOUNT VERNON State VA Zip Code 22121

Outstanding Balance Beginning This Period

Transaction ID : D-283

0.00

Amount Incurred This Period

Payment This Period

0.00

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) ►

0.00

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

0.00

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

0.00

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 VERNONState
VAZip Code
22121

Outstanding Balance Beginning This Period

Transaction ID : D-291

0.00

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

0.00

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

0.00

Amount Incurred This Period

0.00

Payment This Period

0.00

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) ►

0.00

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

0.00

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

0.00