



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**HARP 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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	3969.66	11247.42
(b) Total Contribution Refunds (from Line 20(d)) .....	2.00	2.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	3967.66	11245.42
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	4275.32	9750.02
(b) Total Offsets to Operating Expenditures (from Line 14) .....	95.76	274.92
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	4179.56	9475.10
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>		
	1805.32	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		
	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>		
	735.00	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**HARP FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1900.00	3700.00
(ii) Unitemized.....	2069.66	7127.42
(iii) TOTAL of contributions from individuals ▶	3969.66	10827.42
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	420.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3969.66	11247.42
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	735.00	735.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	735.00	735.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	95.76	274.92
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4800.42	12257.34

**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.....	4275.32	9750.02
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 .....	2.00	2.00
(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)).....	2.00	2.00
21. OTHER DISBURSEMENTS .....	0.00	700.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	4277.32	10452.02

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1282.22
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4800.42
25. SUBTOTAL (add Line 23 and Line 24).....	6082.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4277.32
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1805.32

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 18  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Barker, Rosanna, , ,

Mailing Address 11379 Sw 57Th Ave

City Ocala State FL Zip Code 34476-9589

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : SA11AI.4505

Amount of Each Receipt this Period  
50.00

Memo Item  
Contribution earmarked through ActBlue

**B.** Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
4889.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 24 / 2025

Transaction ID : SA11AI.4505.0

Amount of Each Receipt this Period  
50.00

Memo Item  
Total earmarked through conduit. Limit not affected

**C.** Full Name (Last, First, Middle Initial)  
Barker, Rosanna, , ,

Mailing Address 11379 Sw 57Th Ave

City Ocala State FL Zip Code 34476-9589

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 24 / 2025

Transaction ID : SA11AI.4529

Amount of Each Receipt this Period  
50.00

Memo Item  
Contribution earmarked through ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 18	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
5386.18

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 24 / 2025

**Transaction ID : SA11AI.4529.0**

Amount of Each Receipt this Period  
50.00

Memo Item  
Total earmarked through conduit. Limit not affected

**B.** Full Name (Last, First, Middle Initial)  
Barker, Rosanna, , ,

Mailing Address 11379 Sw 57Th Ave

City Ocala State FL Zip Code 34476-9589

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

Name of Employer Occupation  
Not Employed Not Employed

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : SA11AI.4559**

Amount of Each Receipt this Period  
50.00

Memo Item  
Contribution earmarked through ActBlue

**C.** Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7291.42

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 24 / 2025

**Transaction ID : SA11AI.4559.0**

Amount of Each Receipt this Period  
50.00

Memo Item  
Total earmarked through conduit. Limit not affected

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	50.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 18	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Kaster, Bruce, , ,

Mailing Address 125 NE 1ST AVE SUITE 3

City Ocala	State FL	Zip Code 34470
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FEC ID number of contributing federal political committee. **C**

Name of Employer Kaster Lynn Farrar and Ball	Occupation Attorney
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 02 / 2025

**Transaction ID : SA11AI.4541**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Contribution earmarked through ActBlue

**B.** Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
6741.18

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 02 / 2025

**Transaction ID : SA11AI.4541.0**

Amount of Each Receipt this Period  
1000.00

Memo Item  
Total earmarked through conduit. Limit not affected

**C.** Full Name (Last, First, Middle Initial)  
Peebles, Ronald, , ,

Mailing Address 7227 NW 21 Court

City Gainesville	State FL	Zip Code 32653
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 10 / 2025

**Transaction ID : SA11AI.4644**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 18  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
Zimmerman, Larry, , ,

Mailing Address 9327 Sw 77Th St

City Ocala State FL Zip Code 34481

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

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 13 / 2025

Transaction ID : SA11AI.4554

Amount of Each Receipt this Period  
250.00

Memo Item  
Contribution earmarked through ActBlue

**B.** Full Name (Last, First, Middle Initial)  
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
7151.30

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 13 / 2025

Transaction ID : SA11AI.4554.0

Amount of Each Receipt this Period  
250.00

Memo Item  
Total earmarked through conduit. Limit not affected

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1900.00

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 OF 18  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
HARP, SETH ALLAN, , ,

Mailing Address 1122 NE 21ST AVE

City Gainesville State FL Zip Code 32611

FEC ID number of contributing federal political committee. **C** H6FL03099

Name of Employer Alachua County Public Schools Occupation Teacher

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1155.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2025

Transaction ID : SA13A.4675

Amount of Each Receipt this Period  
735.00

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	735.00
<b>TOTAL</b> This Period (last page this line number only).....▶	735.00

# 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)		PAGE 10 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2025
Mailing Address P.O. Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement Payment Processing Fees		Amount of Each Disbursement this Period 3.01
Candidate Name		Transaction ID : SB17.4659
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2025
Mailing Address P.O. Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement Payment Processing Fees		Amount of Each Disbursement this Period 2.82
Candidate Name		Transaction ID : SB17.4660
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025
Mailing Address P.O. Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement Payment Processing Fees		Amount of Each Disbursement this Period 1.39
Candidate Name		Transaction ID : SB17.4661
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7.22
<b>TOTAL</b> 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 18			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2025
Mailing Address P.O. Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement Payment Processing Fees		Amount of Each Disbursement this Period 2.38
Candidate Name		Transaction ID : SB17.4662
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2025
Mailing Address P.O. Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement Payment Processing Fees		Amount of Each Disbursement this Period 2.18
Candidate Name		Transaction ID : SB17.4663
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 27 / 2025
Mailing Address P.O. Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196
Purpose of Disbursement Payment Processing Fees		Amount of Each Disbursement this Period 11.78
Candidate Name		Transaction ID : SB17.4664
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	16.34
<b>TOTAL</b> 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 12 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement Payment Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 30 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 0.80

Transaction ID : SB17.4665

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement Payment Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 46.65

Transaction ID : SB17.4666

Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 962017

City Boston State MA Zip Code 02196

Purpose of Disbursement Payment Processing Fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 07 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1.00

Transaction ID : SB17.4667

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 48.45

**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

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address P.O. Box 962017

City Boston    State MA    Zip Code 02196

Purpose of Disbursement  
Payment Processing Fees

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For: 2026  
 Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 11 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
0.60

Transaction ID : SB17.4668

Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address P.O. Box 962017

City Boston    State MA    Zip Code 02196

Purpose of Disbursement  
Payment Processing Fees

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For: 2026  
 Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 14 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
14.25

Transaction ID : SB17.4669

Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address P.O. Box 962017

City Boston    State MA    Zip Code 02196

Purpose of Disbursement  
Payment Processing Fees

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For: 2026  
 Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 21 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
0.20

Transaction ID : SB17.4670

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15.05
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 25 / 2025		
Mailing Address P.O. Box 962017			FEC Identification Number C		
City Boston	State MA	Zip Code 02196	Amount of Each Disbursement this Period 1.98		
Purpose of Disbursement Payment Processing Fees		Category/ Type	Transaction ID : SB17.4671		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:					

Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2025		
Mailing Address P.O. Box 962017			FEC Identification Number C		
City Boston	State MA	Zip Code 02196	Amount of Each Disbursement this Period 6.96		
Purpose of Disbursement Payment Processing Fees		Category/ Type	Transaction ID : SB17.4672		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:					

Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025		
Mailing Address P.O. Box 962017			FEC Identification Number C		
City Boston	State MA	Zip Code 02196	Amount of Each Disbursement this Period 2.58		
Purpose of Disbursement Payment Processing Fees		Category/ Type	Transaction ID : SB17.4673		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	11.52
<b>TOTAL</b> 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 15 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. AliExpress</b>		M M / D D / Y Y Y Y 10 / 04 / 2025
Mailing Address 400 S El Camino Real #400		FEC Identification Number
City San Mateo	State CA	Zip Code 94402
Purpose of Disbursement Event Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	700.34
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.4572</b>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. AliExpress</b>		M M / D D / Y Y Y Y 10 / 06 / 2025
Mailing Address 400 S El Camino Real #400		FEC Identification Number
City San Mateo	State CA	Zip Code 94402
Purpose of Disbursement Event Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	19.13
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.4574</b>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Ascent Trail Solutions</b>		M M / D D / Y Y Y Y 11 / 19 / 2025
Mailing Address 5800 Beach Blvd., STE 203-337		FEC Identification Number
City Jacksonville	State FL	Zip Code 32207
Purpose of Disbursement Accounting and Compliance Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026	1535.00
State: District:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB17.4569</b>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2254.47
<b>TOTAL</b> 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 16 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Ascent Trail Solutions</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2025
Mailing Address 5800 Beach Blvd., STE 203-337		FEC Identification Number C
City Jacksonville	State FL	Zip Code 32207
Purpose of Disbursement Accounting and Compliance Services		Amount of Each Disbursement this Period 1535.00
Candidate Name		Transaction ID : SB17.4570
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Temu</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025
Mailing Address 31 Saint James Ave, Suite 355		FEC Identification Number C
City Boston	State MA	Zip Code 02116
Purpose of Disbursement Event Supplies		Amount of Each Disbursement this Period 69.88
Candidate Name		Transaction ID : SB17.4571
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Temu</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 31 Saint James Ave, Suite 355		FEC Identification Number C
City Boston	State MA	Zip Code 02116
Purpose of Disbursement Event Supplies		Amount of Each Disbursement this Period 37.68
Candidate Name		Transaction ID : SB17.4573
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1642.56
<b>TOTAL</b> 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 17 OF 18	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**HARP FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Temu</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2025	
Mailing Address 31 Saint James Ave, Suite 355			FEC Identification Number C	
City Boston	State MA	Zip Code 02116	Amount of Each Disbursement this Period 81.56	
Purpose of Disbursement Event Supplies		Category/ Type	Transaction ID : SB17.4575	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
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:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	81.56
<b>TOTAL</b> This Period (last page this line number only).....▶	4077.17

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4675**  
**HARP FOR CONGRESS**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
HARP, SETH ALLAN, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 1122 NE 21ST AVE		<input type="checkbox"/> General
City State ZIP Code GAINESVILLE FL 32611		<input type="checkbox"/> Other (specify) ▼
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
735.00	0.00	735.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 31 / 2025	M M / D D / Y Y Y Y None	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	735.00
<b>TOTALS</b> This Period (last page in this line only).....▶	735.00

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