

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

STRENGTHEN OUR MAJORITY

ADDRESS (number and street)

421 OFFICE PARK DRIVE

Check if different
than previously
reported. (ACC)

MOUNTAIN BROOK

AL

35223

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00934182

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

01

D D D /

12

Y Y Y Y Y Y Y Y

2026

through

M M M /

03

D D D /

25

Y Y Y Y Y Y Y Y

2026

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

JENKINS, CLAIRE, ALLISON, ,

Signature of Treasurer

JENKINS, CLAIRE, ALLISON, ,

Date

M M M /

03

D D D /

25

Y Y Y Y Y Y Y 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
Only**FEC FORM 3X**
Rev. 05/2016

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

STRENGTHEN OUR MAJORITY

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 12 2026

To:

M M / D D / Y Y Y Y
03 25 2026**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

518772.90

518772.90

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

518772.90

518772.90

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

518772.90

518772.90

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

518772.90

518772.90

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

518772.90

518772.90

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	68346.39	68346.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	68346.39	68346.39
22. Transfers to Affiliated/Other Party Committees.....	450426.51	450426.51
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	518772.90	518772.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	518772.90	518772.90

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	518772.90	518772.90
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	518772.90	518772.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	68346.39	68346.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	68346.39	68346.39

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIDWITZ, JAMES, , ,

Mailing Address 1260 NORTH ASTOR STREET

City
CHICAGOState
ILZip Code
60610-2308FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 27 / 2026

Transaction ID : SA11A.549595

Amount of Each Receipt this Period

14000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address 4250 FAIRFAX DR.

City
ARLINGTONState
VAZip Code
22203-1665FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

134250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 28 / 2026

Transaction ID : SA11C.545392

Amount of Each Receipt this Period

50000.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HERRO, DAVID, G., ,

Mailing Address 6015 E CAMELDALE WAY

City
PARADISE VALLEYState
AZZip Code
85253-5230FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HARRIS ASSOCIATES LPOccupation (for Individual)
INVESTMENT MGMT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2026

Transaction ID : SA11A.545394

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

39000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 25
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WILSON, KENDRICK, , , III

Mailing Address 146 SOUTH BEACH ROAD

City
HOBE SOUNDState
FLZip Code
33455-2435FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 24 / 2026

Transaction ID : SA11A.545393

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DENNY, JAMES, , ,Mailing Address 1 N WACKER DR.
STE 4125City
CHICAGOState
ILZip Code
60606-2834FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JMD INVESTMENTSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2026

Transaction ID : SA11A.545395

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. RYAN, PATRICK, G., ,

Mailing Address 155 N WACKER DR, STE 4000

City
CHICAGOState
ILZip Code
60606-1720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RYAN SPECIALTYOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2026

Transaction ID : SA11A.545396

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

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

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

52000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 25
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RYAN, SHIRLEY, W., ,

Mailing Address 155 N WACKER DR STE 4000

City
CHICAGOState
ILZip Code
60606-1720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PATHWAYS.ORGOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 05 / 2026

Transaction ID : SA11A.545397

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GRIGOROFF, DANA, , ,

Mailing Address 374 E SAMUELSEN DR

City
EDGERTONState
WIZip Code
53534-8412FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MELANGE ENT. LTDOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1188.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 08 / 2026

Transaction ID : SA11A.551446

Amount of Each Receipt this Period

1188.50

☐ Memo Item

CONTRIBUTION

IN-KIND CONTRIBUTION OFFSET - PHOTOGRAPHY
SVC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HORRIGAN, DAVID, , ,

Mailing Address 11165 OLD HARBOUR RD

City
NORTH PALM BEACHState
FLZip Code
33408-3421FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SILGAN HOLDINGSOccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2026

Transaction ID : SA11A.549599

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

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

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

76188.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 25
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LESNIK, STEVEN, , ,

Mailing Address 3883 TOULOUSE DRIVE

City
PALM BEACH GARDENS

State
FL

Zip Code
33410-1464

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
KEMPER SPORTS MANAGEMENT

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2026

Transaction ID : SA11A.549598

Amount of Each Receipt this Period

10500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MACLEAN, BARRY, L., ,

Mailing Address 1000 ALLANSON RD

City
MUNDELEIN

State
IL

Zip Code
60060-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MACLEAN-FOGG COMPANY

Occupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

36000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2026

Transaction ID : SA11A.549597

Amount of Each Receipt this Period

36000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MACLEAN, DUNCAN, , ,

Mailing Address 1000 ALLANSON RD

City
MUNDELEIN

State
IL

Zip Code
60060-3804

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MACLEAN-FOGG COMPANY

Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

14000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 02 / 10 / 2026

Transaction ID : SA11A.549596

Amount of Each Receipt this Period

14000.00

☐ Memo Item
CONTRIBUTION

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

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

60500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 10 OF 25
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCAUSLAND, BONNIE, , ,

Mailing Address 190 GOMEZ ROAD

City
HOBE SOUND

State
FL

Zip Code
33455-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

02 / 10 / 2026

Transaction ID : SA11A.551491

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCCAUSLAND, PETER, , ,

Mailing Address 190 GOMEZ ROAD

City
HOBE SOUND

State
FL

Zip Code
33455-2513

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

02 / 10 / 2026

Transaction ID : SA11A.551492

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SLPFLA, LLC

Mailing Address 239 S. BEACH ROAD

City
HOBE SOUND

State
FL

Zip Code
33455-2511

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10500.00

Date of Receipt

02 / 10 / 2026

Transaction ID : SA11A.551449

Amount of Each Receipt this Period

10500.00

☐ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW

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

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

60500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 25
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FARRELL, JAMES, , ,

Mailing Address 239 S. BEACH ROAD

City
HOBE SOUNDState
FLZip Code
33455-2511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SLPFLA, LLCOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2026

Transaction ID : SA11A.551489

Amount of Each Receipt this Period

5250.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FARRELL, MAXINE, , ,

Mailing Address 239 S. BEACH ROAD

City
HOBE SOUNDState
FLZip Code
33455-2511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SLPFLA, LLCOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 10 / 2026

Transaction ID : SA11A.551490

Amount of Each Receipt this Period

5250.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CAIN, TYLER, R., ,

Mailing Address 316 SOUTH BEACH ROAD

City
HOBE SOUNDState
FLZip Code
33455-2605FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JUPITER ISLAND MEDICAL CLINIC, INC.Occupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : SA11A.549604

Amount of Each Receipt this Period

6000.00

☐ Memo Item

CONTRIBUTION

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

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

6000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 25
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HILL, JAMES, TOMLINSON, , III

Mailing Address 239 WEST 24TH STREET

City
NEW YORKState
NYZip Code
10011-1741FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HILL ART FOUNDATIONOccupation (for Individual)
CHAIR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : SA11A.549605

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MCGRAW, WILLIAM, SCOTT, ,

Mailing Address 127 GOMEZ ROAD

City
HOBE SOUNDState
FLZip Code
33455-2428FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JUPITER ISLAND MEDICAL CLINIC, INC.Occupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : SA11A.549601

Amount of Each Receipt this Period

12000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NISSEN, DAVID, R., ,

Mailing Address 158 BEARS CLUB DRIVE

City
JUPITERState
FLZip Code
33477-4203FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 11 / 2026

Transaction ID : SA11A.549602

Amount of Each Receipt this Period

6000.00

☐ Memo Item
CONTRIBUTION

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

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

68000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 13 OF 25
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SMITH, WILLIAM, SPENCER, ,

Mailing Address 2930 PIPER WAY

City
WELLINGTON

State
FL

Zip Code
33414-7165

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10500.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2026

Transaction ID : SA11A.549603

Amount of Each Receipt this Period

10500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address 4250 FAIRFAX DR.

City
ARLINGTON

State
VA

Zip Code
22203-1665

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

134250.00

Date of Receipt

MM / DD / YYYY
02 / 11 / 2026

Transaction ID : SA11C.549600

Amount of Each Receipt this Period

15000.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LEWIS, CLIFFORD, , ,

Mailing Address 5310 N OCEAN DR, UNIT 602

City
SINGER ISLAND

State
FL

Zip Code
33404-2567

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

MM / DD / YYYY
02 / 07 / 2026

Transaction ID : SA11A.549608

Amount of Each Receipt this Period

6000.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

16500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 25
(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SPIES, CHARLES, , ,

Mailing Address 3030 K STREET NW

City
WASHINGTON

State
DC

Zip Code
20007-5104

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DICKINSON WRIGHT PLLC

Occupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2026

Transaction ID : SA11A.549606

Amount of Each Receipt this Period

3000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ZIVKOVIC, ANITA, , ,

Mailing Address 249 PERUVIAN AVE., SUITE F2

City
PALM BEACH

State
FL

Zip Code
33480-4673

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6000.00

Date of Receipt

MM / DD / YYYY
02 / 08 / 2026

Transaction ID : SA11A.549607

Amount of Each Receipt this Period

6000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address 4250 FAIRFAX DR.

City
ARLINGTON

State
VA

Zip Code
22203-1665

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

134250.00

Date of Receipt

MM / DD / YYYY
02 / 12 / 2026

Transaction ID : SA11C.549609

Amount of Each Receipt this Period

5250.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

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

9000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 25
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCOTT, ANNE, , ,

Mailing Address 9 S BEACH RD

City
HOBE SOUND

State
FL

Zip Code
33455-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIRED

Occupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5250.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2026

Transaction ID : SA11A.549610

Amount of Each Receipt this Period

5250.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. REYES, CHRISTOPHER, , ,

Mailing Address 6250 NORTH RIVER ROAD
SUITE 9000

City
ROSEMONT

State
IL

Zip Code
60018-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REYES HOLDINGS, LLC

Occupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

MM / DD / YYYY
02 / 13 / 2026

Transaction ID : SA11A.551448

Amount of Each Receipt this Period

50000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address 4250 FAIRFAX DR.

City
ARLINGTON

State
VA

Zip Code
22203-1665

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

134250.00

Date of Receipt

MM / DD / YYYY
02 / 17 / 2026

Transaction ID : SA11C.549611

Amount of Each Receipt this Period

14000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

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

55250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 25
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GIDWITZ, CHRISTINA, , ,

Mailing Address 285 S. BEACH ROAD

City
HOBE SOUND

State
FL

Zip Code
33455-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYED

Occupation (for Individual)
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2026

Transaction ID : SA11A.549613

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GIDWITZ, RONALD, J., ,

Mailing Address 285 S BEACH RD

City
HOBE SOUND

State
FL

Zip Code
33455-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIVERBEND INDUSTRIES

Occupation (for Individual)
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11334.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2026

Transaction ID : SA11A.549612

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GIDWITZ, RONALD, J., ,

Mailing Address 285 S BEACH RD

City
HOBE SOUND

State
FL

Zip Code
33455-2604

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIVERBEND INDUSTRIES

Occupation (for Individual)
EXECUTIVE CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

11334.40

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2026

Transaction ID : SA11A.551447

Amount of Each Receipt this Period

4334.40

☐ Memo Item

CONTRIBUTION

IN-KIND CONTRIBUTION OFFSET - CATERING

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

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

18334.40

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 25
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MORSE, PETER, C., ,

Mailing Address 392 S. BEACH ROAD

City
HOBE SOUNDState
FLZip Code
33455-2609FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MORSE PARTNERS INCOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 20 / 2026

Transaction ID : SA11A.551488

Amount of Each Receipt this Period

7500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address 4250 FAIRFAX DR.

City
ARLINGTONState
VAZip Code
22203-1665FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

134250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2026

Transaction ID : SA11C.555766

Amount of Each Receipt this Period

50000.00

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BROWN, ANNA, L., ,

Mailing Address 18 WALPOLE ST

City
DOVERState
MAZip Code
02030-2542FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HOMEMAKEROccupation (for Individual)
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 23 / 2026

Transaction ID : SA11A.555767

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

32500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 25
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BROWN, GREG, , ,

Mailing Address 18 WALPOLE ST

City
DOVERState
MAZip Code
02030-2542FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MOTOROLA SOLUTIONSOccupation (for Individual)
CHAIRMAN AND CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 23 / 2026

Transaction ID : SA11A.555768

Amount of Each Receipt this Period

25000.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y 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)..... ►

25000.00

518772.90

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

PAGE 19 OF 25

☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1603 CAPTIOL AVE, STE 413-B561

City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD MERCHANT FEE
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.12

Amount of Each Disbursement this Period

1600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GRIGOROFF, DANA, , ,

Mailing Address 374 E SAMUELSEN DR

City
EDGERTONState
WIZip Code
53534-8412Purpose of Disbursement
IN-KIND CONTRIBUTION OFFSET - PHOTOGRAPHY SVC
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.55144

Amount of Each Disbursement this Period

1188.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1603 CAPTIOL AVE, STE 413-B561

City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD MERCHANT FEE
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.13

Amount of Each Disbursement this Period

480.00

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

3268.50

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

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☒ 21b	☐ 22	☐ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1603 CAPTIOL AVE, STE 413-B561

City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD MERCHANT FEE
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.15

Amount of Each Disbursement this Period

448.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GIDWITZ, RONALD, J., ,

Mailing Address 285 S BEACH RD

City
HOBE SOUNDState
FLZip Code
33455-2604Purpose of Disbursement
IN-KIND CONTRIBUTION OFFSET - CATERING
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify)

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.55144

Amount of Each Disbursement this Period

4334.40

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1603 CAPTIOL AVE, STE 413-B561

City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD MERCHANT FEE
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.16

Amount of Each Disbursement this Period

1600.00

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

6382.40

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

PAGE 21 OF 25

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name (Last, First, Middle Initial)

A. MELANGE ENTERPRISES LLC

Mailing Address 374 E SAMUELSON DR

City
EGERTONState
WIZip Code
53534

Purpose of Disbursement

FINANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.2**

Amount of Each Disbursement this Period

51325.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DR

City
MOUNTAIN BROOKState
ALZip Code
35223

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C**Transaction ID : SB21B.1**

Amount of Each Disbursement this Period

7154.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

58479.99

68130.89

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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(check only one)

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☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name (Last, First, Middle Initial)

A. ROGERS FOR SENATE

Mailing Address PO BOX 132

City
ST JOSEPHState
MIZip Code
49085

Purpose of Disbursement

NET TRANSFER OF JFC PROCEEDS

Candidate Name

ROGERS, MIKE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2026

FEC Identification Number

C C00849810**Transaction ID : SB22.3**

Amount of Each Disbursement this Period

63980.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ROGERS FOR SENATE

Mailing Address PO BOX 132

City
ST JOSEPHState
MIZip Code
49085

Purpose of Disbursement

NET TRANSFER OF JFC PROCEEDS

Candidate Name

ROGERS, MIKE, , ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State: MI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2026

FEC Identification Number

C C00849810**Transaction ID : SB22.3 B**

Amount of Each Disbursement this Period

38492.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TEXANS FOR SENATOR JOHN CORNYN

Mailing Address PO BOX 13026

City
AUSTINState
TXZip Code
78711

Purpose of Disbursement

NET TRANSFER OF JFC PROCEEDS

Candidate Name

CORNYN, JOHN, , SEN,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State: TX

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2026

FEC Identification Number

C C00369033**Transaction ID : SB22.1**

Amount of Each Disbursement this Period

26337.18

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

128810.08

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name (Last, First, Middle Initial)

A. TEXANS FOR SENATOR JOHN CORNYN

Mailing Address PO BOX 13026

City
AUSTINState
TXZip Code
78711

Purpose of Disbursement

NET TRANSFER OF JFC PROCEEDS

Candidate Name

CORNYN, JOHN, , SEN,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: TX

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2026

FEC Identification Number

C C00369033**Transaction ID : SB22.2**

Amount of Each Disbursement this Period

38692.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WHATLEY FOR SENATE

Mailing Address PO BOX 97037

City
RALEIGHState
NCZip Code
27624

Purpose of Disbursement

NET TRANSFER OF JFC PROCEEDS

Candidate Name

WHATLEY, MICHAEL, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: NC

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2026

FEC Identification Number

C C00913996**Transaction ID : SB22.5**

Amount of Each Disbursement this Period

75701.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WHATLEY FOR SENATE

Mailing Address PO BOX 97037

City
RALEIGHState
NCZip Code
27624

Purpose of Disbursement

NET TRANSFER OF JFC PROCEEDS

Candidate Name

WHATLEY, MICHAEL, ,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☐ Primary	☒ General
☐ Other (specify) ▼	

State: NC

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		25		2026

FEC Identification Number

C C00913996**Transaction ID : SB22.6**

Amount of Each Disbursement this Period

47609.50

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

162003.14

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 2ND ST NE

City
WASHINGTONState
DCZip Code
20002

Purpose of Disbursement

NET TRANSFER OF JFC PROCEEDS

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00027466**Transaction ID : SB22.7**

Amount of Each Disbursement this Period

159615.79

☐ Memo Item GENERAL FUND

Full Name (Last, First, Middle Initial)

B. ROGERS FOR SENATE

Mailing Address PO BOX 132

City
ST JOSEPHState
MIZip Code
49085

Purpose of Disbursement

RETURN OF EXCESS JFC DISTRIBUTION

Candidate Name

ROGERS, MIKE, , ,

Office Sought:

☐	House
☒	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify)		

State: MI

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	2	6	

FEC Identification Number

C C00849810**Transaction ID : SB22.3 C**

Amount of Each Disbursement this Period

- 3024.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ROGERS FOR SENATE

Mailing Address PO BOX 132

City
ST JOSEPHState
MIZip Code
49085

Purpose of Disbursement

RETURN OF EXCESS JFC DISTRIBUTION

Candidate Name

ROGERS, MIKE, , ,

Office Sought:

☐	House
☒	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State: MI

District:

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	2	6	

FEC Identification Number

C C00849810**Transaction ID : SB22.4**

Amount of Each Disbursement this Period

- 3024.10

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

153567.59

SCHEDULE B (FEC Form 3X)
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NAME OF COMMITTEE (In Full)

STRENGTHEN OUR MAJORITY

Full Name (Last, First, Middle Initial)

A. NRSC

Mailing Address 425 2ND ST NE

City
WASHINGTONState
DCZip Code
20002

Purpose of Disbursement

NET TRANSFER OF JFC PROCEEDS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00027466

Transaction ID : SB22.7_B

Amount of Each Disbursement this Period

6045.70

☐ Memo Item GENERAL FUND

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

6045.70

450426.51