

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Justin Story for Congress

ADDRESS (number and street)

4853 E Irlo Bronson Memorial Hwy

#152

Check if different
than previously
reported. (ACC)

St. Cloud

FL

34771

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00906735

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

09

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

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

through

M M / D D / Y Y Y Y
03 / 31 / 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 Appel, James, , ,

Signature of Treasurer

Appel, James, , ,

Date

M M / D D / Y Y Y Y
04 / 15 / 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 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Justin Story for Congress

Report Covering the Period:

From:

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

To:

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

	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))	3160.00	23326.60
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3160.00	23326.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15949.61	37052.96
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	15949.61	37052.96
8. Cash on Hand at Close of Reporting Period (from Line 27)	5117.29	
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)	18843.65	

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

Justin Story for Congress

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 2026**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

2250.00

18168.33

(ii) Unitemized

910.00

2816.50

(iii) TOTAL of contributions
from individuals ▶

3160.00

20984.83

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

2341.77

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

3160.00

23326.60

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

12343.65

18843.65

(b) All Other Loans.....

0.00

0.00

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

12343.65

18843.65

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

0.00

0.00

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)..... ▶

15503.65

42170.25

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.....	15949.61	37052.96
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	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15949.61	37052.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5563.25
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	15503.65
25. SUBTOTAL (add Line 23 and Line 24).....	21066.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15949.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	5117.29

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 5 OF 33

☒ 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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

Aldridge III, Alfred Skip, , ,

A. Mailing Address 2295 South Ocean Blvd. Apt 701

City
Palm Beach

State
FL

Zip Code
33480

FEC ID number of contributing
federal political committee.

C

Name of Employer
President, CEO

Occupation
Head of Sales Consulting, Inc

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 Y
03 03 2026

Transaction ID : SA11AI.4374

Amount of Each Receipt this Period

100.00

☐ Memo Item

Received via WinRed conduit on 3/9

Full Name (Last, First, Middle Initial)

B. Ayres, Warren, , ,

Mailing Address 1404 Tanglewood Dr

City
Wichita Falls

State
TX

Zip Code
76309

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 06 2026

Transaction ID : SA11AI.4360

Amount of Each Receipt this Period

250.00

☐ Memo Item

Received via WinRed conduit on 1/12

Full Name (Last, First, Middle Initial)

C. Franklin, Thomas, , ,

Mailing Address 1818 Admiral Ct

City
Kissimmee

State
FL

Zip Code
34744

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 07 2026

Transaction ID : SA11AI.4355

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

600.00

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 33

☒ 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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

RILEY, Thomas, , ,

A.

Mailing Address 7 Elmo Lane

City

Gloucester

State

MA

Zip Code

01930

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 ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 24 2026

Transaction ID : SA11AI.4437

Amount of Each Receipt this Period

500.00

☐ Memo Item

Received via WinRed conduit on 3/30

Full Name (Last, First, Middle Initial)

Strates, James, , ,

B.

Mailing Address PO Box 55

City

Orlando

State

FL

Zip Code

32802

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strates Fair

Occupation
Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.4353

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Warlick, Miles, , ,

C.

Mailing Address 1101 NW 30Th. St

City

Wilton Manors

State

FL

Zip Code

33311

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 04 2026

Transaction ID : SA11AI.4356

Amount of Each Receipt this Period

50.00

☐ Memo Item

Received via WinRed conduit on 1/12

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

1550.00

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 7 OF 33

☒ 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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

Warlick, Miles, , ,

A.

Mailing Address 1101 NW 30Th. St

City

Wilton Manors

State

FL

Zip Code

33311

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 04 2026

Transaction ID : SA11AI.4368

Amount of Each Receipt this Period

50.00

☐ Memo Item

Received via WinRed conduit on 2/9

Full Name (Last, First, Middle Initial)

Warlick, Miles, , ,

B.

Mailing Address 1101 NW 30Th. St

City

Wilton Manors

State

FL

Zip Code

33311

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 ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 04 2026

Transaction ID : SA11AI.4377

Amount of Each Receipt this Period

50.00

☐ Memo Item

Received via WinRed conduit on 3/9

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

100.00

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

2250.00

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

PAGE 8 OF 33

☐ 11a	☐ 11b	☒ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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

NAME OF COMMITTEE (In Full)

Justin Story for Congress

Full Name (Last, First, Middle Initial)
WinRed

A. Mailing Address 4250 Fairfax Dr

City
ArlingtonState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11C.4341

Amount of Each Receipt this Period

400.00

☒ Memo Item

WinRed Conduit Contribution

Full Name (Last, First, Middle Initial)
WinRed

B. Mailing Address 4250 Fairfax Dr

City
ArlingtonState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11C.4343

Amount of Each Receipt this Period

25.00

☒ Memo Item

WinRed Conduit Contribution

Full Name (Last, First, Middle Initial)
WinRed

C. Mailing Address 4250 Fairfax Dr

City
ArlingtonState
VAZip Code
22203FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		09		2026

Transaction ID : SA11C.4344

Amount of Each Receipt this Period

50.00

☒ Memo Item

WinRed Conduit Contribution

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

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

0.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11C

Transaction ID : SA11C.4341

WinRed Conduit Contribution

Form/Schedule: SA11C

Transaction ID: SA11C.4343

WinRed Conduit Contribution

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11C

Transaction ID : SA11C.4344

WinRed Conduit Contribution

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:
(check only one)

PAGE 11 OF 33

☐ 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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)
WinRed

A. Mailing Address 4250 Fairfax Dr

City
Arlington

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 17 2026

Transaction ID : SA11C.4345

Amount of Each Receipt this Period

10.00

☒ Memo Item

WinRed Conduit Contribution

Full Name (Last, First, Middle Initial)
WinRed

B. Mailing Address 4250 Fairfax Dr

City
Arlington

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11C.4346

Amount of Each Receipt this Period

105.00

☒ Memo Item

WinRed Conduit Contribution

Full Name (Last, First, Middle Initial)
WinRed

C. Mailing Address 4250 Fairfax Dr

City
Arlington

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Transaction ID : SA11C.4342

Amount of Each Receipt this Period

325.00

☒ Memo Item

WinRed Conduit Contribution

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

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

0.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11C

Transaction ID : SA11C.4345

WinRed Conduit Contribution

Form/Schedule: SA11C

Transaction ID: SA11C.4346

WinRed Conduit Contribution

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11C

Transaction ID : SA11C.4342

WinRed Conduit Contribution

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:
(check only one)

PAGE 14 OF 33

☐ 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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)
WinRed

A. Mailing Address 4250 Fairfax Dr

City
Arlington

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 09 2026

Transaction ID : SA11C.4347

Amount of Each Receipt this Period

200.00

☒ Memo Item

WinRed Conduit Contribution

Full Name (Last, First, Middle Initial)
WinRed

B. Mailing Address 4250 Fairfax Dr

City
Arlington

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 16 2026

Transaction ID : SA11C.4348

Amount of Each Receipt this Period

200.00

☒ Memo Item

WinRed Conduit Contribution

Full Name (Last, First, Middle Initial)
WinRed

C. Mailing Address 4250 Fairfax Dr

City
Arlington

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 30 2026

Transaction ID : SA11C.4349

Amount of Each Receipt this Period

560.00

☒ Memo Item

WinRed Conduit Contribution

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

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

0.00

0.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11C

Transaction ID : SA11C.4347

WinRed Conduit Contribution

Form/Schedule: SA11C

Transaction ID: SA11C.4348

WinRed Conduit Contribution

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SA11C

Transaction ID : SA11C.4349

WinRed Conduit Contribution

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:
(check only one)

PAGE 17 OF 33

☐ 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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

Story, Justin, , ,

Mailing Address 6438 Shoreline Dr

City

St. Cloud

State

FL

Zip Code

34771

FEC ID number of contributing
federal political committee.

C H6FL09252

Name of Employer

American Airlines

Occupation

Pilot

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2485.42

Date of Receipt

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

Transaction ID : SA13A.4440

Amount of Each Receipt this Period

143.65

☐ Memo Item

Loan from Candidate

Full Name (Last, First, Middle Initial)

Story, Justin, , ,

Mailing Address 6438 Shoreline Dr

City

St. Cloud

State

FL

Zip Code

34771

FEC ID number of contributing
federal political committee.

C H6FL09252

Name of Employer

American Airlines

Occupation

Pilot

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7985.42

Date of Receipt

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

Transaction ID : SA13A.4441

Amount of Each Receipt this Period

5500.00

☐ Memo Item

Loan from Candidate

Full Name (Last, First, Middle Initial)

Story, Justin, , ,

Mailing Address 6438 Shoreline Dr

City

St. Cloud

State

FL

Zip Code

34771

FEC ID number of contributing
federal political committee.

C H6FL09252

Name of Employer

American Airlines

Occupation

Pilot

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8985.42

Date of Receipt

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

Transaction ID : SA13A.4442

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Loan from Candidate

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

6643.65

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 18 OF 33

☐ 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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

Story, Justin, , ,

A.

Mailing Address 6438 Shoreline Dr

City

St. Cloud

State

FL

Zip Code

34771

FEC ID number of contributing
federal political committee.

C H6FL09252

Name of Employer

American Airlines

Occupation

Pilot

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

11685.42

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2026

Transaction ID : SA13A.4443

Amount of Each Receipt this Period

2700.00

☐ Memo Item
Loan from candidate

Full Name (Last, First, Middle Initial)

Story, Justin, , ,

B.

Mailing Address 6438 Shoreline Dr

City

St. Cloud

State

FL

Zip Code

34771

FEC ID number of contributing
federal political committee.

C H6FL09252

Name of Employer

American Airlines

Occupation

Pilot

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

14685.42

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : SA13A.4445

Amount of Each Receipt this Period

3000.00

☐ Memo Item
Loan from Candidate

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

5700.00

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

12343.65

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

PAGE 19 OF 33

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

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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

A. Creative Pringing Services

Mailing Address 1115 Pennsylvania Ave

City
St. CloudState
FLZip Code
34769Purpose of Disbursement
Printing

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
0	3		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

456.88

Transaction ID : SB17.4422

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Garrison Management

Mailing Address 1001 Congress Ave

City
AustinState
TXZip Code
78701Purpose of Disbursement
General Consulting

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
0	1		1	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4409

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Garrison Management

Mailing Address 1001 Congress Ave

City
AustinState
TXZip Code
78701Purpose of Disbursement
General Consulting

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
0	2		0	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4410

☐ Memo Item

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

5456.88

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

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

PAGE 20 OF 33

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

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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

A. Garrison Management

Mailing Address 1001 Congress Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		17		2026

City
AustinState
TXZip Code
78701Purpose of Disbursement
Texting

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.4430

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Garrison Management

Mailing Address 1001 Congress Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2026

City
AustinState
TXZip Code
78701Purpose of Disbursement
General Consulting

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4411

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOP Compliance

Mailing Address 1012 S. Creek View Ct

Date of Disbursement

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

City
ChurchtonState
MDZip Code
20733Purpose of Disbursement
Compliance

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4408

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

3850.00

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

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

PAGE 21 OF 33

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

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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

A. Mailchimp

Mailing Address 405 N Angler Ave NE

City
AtlantaState
GAZip Code
30312Purpose of Disbursement
Social Media

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
0	1	/	1	6	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

33.00

Transaction ID : SB17.4423

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mailchimp

Mailing Address 405 N Angler Ave NE

City
AtlantaState
GAZip Code
30312Purpose of Disbursement
Social Media

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
0	2	/	1	7	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

33.00

Transaction ID : SB17.4427

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailchimp

Mailing Address 405 N Angler Ave NE

City
AtlantaState
GAZip Code
30312Purpose of Disbursement
Social Media

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
0	3	/	1	6	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

33.00

Transaction ID : SB17.4429

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

99.00

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

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

PAGE 22 OF 33

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

A. TrailmapperMailing Address 17 Depot St
Ste. 3City
ConcordState
NHZip Code
03301Purpose of Disbursement
Fundraising Consulting

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
0	1		0	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4418

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TrailmapperMailing Address 17 Depot St
Ste. 3City
ConcordState
NHZip Code
03301Purpose of Disbursement
Fundraising Consulting

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
0	2		0	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4419

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TrailmapperMailing Address 17 Depot St
Ste. 3City
ConcordState
NHZip Code
03301Purpose of Disbursement
Fundraising Consulting

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
0	3		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4420

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

6000.00

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

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

PAGE 23 OF 33

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

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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address 4250 Fairfax Dr

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22203

FEC Identification Number

C

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.76

Transaction ID : SB17.4378

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. WinRed

Mailing Address 4250 Fairfax Dr

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22203

FEC Identification Number

C

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.99

Transaction ID : SB17.4379

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. WinRed

Mailing Address 4250 Fairfax Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		09		2026

City
ArlingtonState
VAZip Code
22203

FEC Identification Number

C

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.97

Transaction ID : SB17.4380

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

18.72

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

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

PAGE 24 OF 33

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

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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address 4250 Fairfax Dr

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22203

FEC Identification Number

C

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

0.39

Transaction ID : SB17.4381

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. WinRed

Mailing Address 4250 Fairfax Dr

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22203

FEC Identification Number

C

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4.14

Transaction ID : SB17.4382

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. WinRed

Mailing Address 4250 Fairfax Dr

Date of Disbursement

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

City
ArlingtonState
VAZip Code
22203

FEC Identification Number

C

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.81

Transaction ID : SB17.4383

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

17.34

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

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

PAGE 25 OF 33

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

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)

Justin Story for Congress

Full Name (Last, First, Middle Initial)

A. WinRed

Mailing Address 4250 Fairfax Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2026

City
ArlingtonState
VAZip Code
22203

FEC Identification Number

C

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7.88

Transaction ID : SB17.4386

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. WinRed

Mailing Address 4250 Fairfax Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2026

City
ArlingtonState
VAZip Code
22203

FEC Identification Number

C

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7.88

Transaction ID : SB17.4385

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. WinRed

Mailing Address 4250 Fairfax Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2026

City
ArlingtonState
VAZip Code
22203

FEC Identification Number

C

Purpose of Disbursement
Bank Charges

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

22.06

Transaction ID : SB17.4384

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

37.82

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

15479.76

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

PAGE 26 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4174

Justin Story for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Justin Story for Congress

Mailing Address

4853 E Irla Bronson Memorial Hwy
#152

City

St. Cloud

State

FL

ZIP Code

34771

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 09 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

Due on Demand

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).....▶

2000.00

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

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

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

PAGE 27 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4160

Justin Story for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Justin Story for Congress

Mailing Address

4853 E Irla Bronson Memorial Hwy
#152

City

St. Cloud

State

FL

ZIP Code

34771

☒ Personal Funds of the Candidate

Original Amount of Loan

2500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 30 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

Due on Demand

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).....▶

2500.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 28 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4178

Justin Story for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Justin Story for Congress

Mailing Address

4853 E Irla Bronson Memorial Hwy
#152

City

St. Cloud

State

FL

ZIP Code

34771

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 19 2025

M M / D D / Y Y Y Y

Due on Demand

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).....▶

2000.00

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

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

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

PAGE 29 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4440

Justin Story for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Story, Justin, , ,

Mailing Address

6438 Shoreline Dr

City

St. Cloud

State

FL

ZIP Code

34771

☒ Personal Funds of the Candidate

Original Amount of Loan

143.65

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

143.65

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

12/31/28

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).....▶

143.65

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

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

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

PAGE 30 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4441

Justin Story for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Story, Justin, , ,

Mailing Address

6438 Shoreline Dr

City

St. Cloud

State

FL

ZIP Code

34771

☒ Personal Funds of the Candidate

Original Amount of Loan

5500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

12/31/28

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).....▶

5500.00

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

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

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

PAGE 31 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4442

Justin Story for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Story, Justin, , ,

Mailing Address

6438 Shoreline Dr

City

St. Cloud

State

FL

ZIP Code

34771

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

12/31/28

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).....▶

1000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 32 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4443

Justin Story for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Story, Justin, , ,

Mailing Address

6438 Shoreline Dr

City

St. Cloud

State

FL

ZIP Code

34771

☒ Personal Funds of the Candidate

Original Amount of Loan

2700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 04 / 2026

M M / D D / Y Y Y Y

12/31/28

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).....▶

2700.00

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

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

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

PAGE 33 OF 33

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4445

Justin Story for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Story, Justin, , ,

Mailing Address

6438 Shoreline Dr

City

St. Cloud

State

FL

ZIP Code

34771

☒ Personal Funds of the Candidate

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 31 / 2026

M M / D D / Y Y Y Y

12/31/28

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).....▶

3000.00

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

18843.65

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