



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**JUST PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		14574.02
(b) Cash on Hand at Beginning of Reporting Period.....	12774.83	
(c) Total Receipts (from Line 19) .....	2830.13	13641.14
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	15604.96	28215.16
7. Total Disbursements (from Line 31).....	10287.54	22897.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	5317.42	5317.42
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**JUST PAC**

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

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).....	2495.64	8714.01
(ii) Unitemized .....	334.49	4927.13
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2830.13	13641.14
(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) .....	2830.13	13641.14
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)).....▶	2830.13	13641.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2830.13	13641.14

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	10287.54	12897.74
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	10287.54	12897.74
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00
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	7500.00
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)) ..	10287.54	22897.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10287.54	22897.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2830.13	13641.14
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2830.13	13641.14
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	10287.54	12897.74
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10287.54	12897.74

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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)  
**JUST PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Abdus Salam, Arif, , ,**

Mailing Address 7403 Kings River Ct

City Humble	State TX	Zip Code 77346
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) USAP	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2026  
**Transaction ID : SA11AI.4660**

Amount of Each Receipt this Period  
50.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Ali, Alhimyary, , ,**

Mailing Address 3623 Tartan Ln

City Houston	State TX	Zip Code 77025
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kelsey seybold clinic	Occupation (for Individual) Md
--	-----------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 03 / 2026  
**Transaction ID : SA11AI.4670**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Asad, Rahman, , ,**

Mailing Address 10437 Chantry Ln

City Frisco	State TX	Zip Code 75035
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michaels Stores, Inc.	Occupation (for Individual) Attorney
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1355.42

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 14 / 2026  
**Transaction ID : SA11AI.4664**

Amount of Each Receipt this Period  
104.48

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	254.48
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**JUST PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Imran, Memon, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2026
Mailing Address 107 Spear Ct		<b>Transaction ID : SA11AI.4661</b>
City Irving	State TX	Zip Code 75063
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 521.15
Name of Employer (for Individual) PPG health	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1042.30	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Imran, Sheikh, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 26 / 2026
Mailing Address 7202 Covewood Dr		<b>Transaction ID : SA11AI.4654</b>
City Garland	State TX	Zip Code 75044
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 52.40
Name of Employer (for Individual) HTPN	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2240.85	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Jad, Daye, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 14 / 2026
Mailing Address 18102 Fenske Road		<b>Transaction ID : SA11AI.4663</b>
City Cypress	State TX	Zip Code 77433
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer (for Individual) CCI	Occupation (for Individual) Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1073.55
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 12  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**JUST PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Mohammed, nizami, , ,**

Mailing Address 4202 Marina Street

City Houston State TX Zip Code 77007

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

Name of Employer (for Individual) urbatronics llc Occupation (for Individual) builder

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 28 / 2026  
**Transaction ID : SA11AI.4651**

Amount of Each Receipt this Period 100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. Munaimaa, Rehmaan, , ,**

Mailing Address 4506 Merritt

City Sachse State TX Zip Code 75048

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

Name of Employer (for Individual) Envision Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 313.44

Date of Receipt 04 / 24 / 2026  
**Transaction ID : SA11AI.4656**

Amount of Each Receipt this Period 104.48

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Nabeel, Syed, , ,**

Mailing Address 13719 Ashridge Dr

City Dallas State TX Zip Code 75240

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

Name of Employer (for Individual) TOPA Texas Oncology Physicians Associa Occupation (for Individual) Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 625.95

Date of Receipt 04 / 16 / 2026  
**Transaction ID : SA11AI.4659**

Amount of Each Receipt this Period 208.65

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 413.13

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

# 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 12	
(check only one)			
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
**JUST PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Omar, Khawaja, , ,**

Mailing Address 611 Pinehaven Dr

City Houston	State TX	Zip Code 77024
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Law offices of Omar Khawaja PLLC	Occupation (for Individual) Attorney
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2026

**Transaction ID : SA11AI.4668**

Amount of Each Receipt this Period  
200.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. SHAHID, MUHAMMAD, , ,**

Mailing Address 51 Lake Sterling Gate Dr

City Spring	State TX	Zip Code 77379
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Kelsey-Seybold Clinic	Occupation (for Individual) Endocrinologist
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		08		2026

**Transaction ID : SA11AI.4666**

Amount of Each Receipt this Period  
100.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. Sherif, Zaafran, , ,**

Mailing Address 1225 Turnbury Oak St

City Houston	State TX	Zip Code 77055
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) GHA	Occupation (for Individual) Physician
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		23		2026

**Transaction ID : SA11AI.4657**

Amount of Each Receipt this Period  
150.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**JUST PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Suhail, Sharif, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 27 / 2026 <b>Transaction ID : SA11AI.4653</b>		
Mailing Address 2608 Stone Haven Court			Amount of Each Receipt this Period 100.00		
City Arlington	State TX	Zip Code 76012	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Sharif Surgical PLLC		Occupation (for Individual) Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Tarek, Alsaied, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 28 / 2026 <b>Transaction ID : SA11AI.4652</b>		
Mailing Address 7344 San Felipe Dr			Amount of Each Receipt this Period 104.48		
City Irving	State TX	Zip Code 75039	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) University of Texas		Occupation (for Individual) Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 313.44			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Umer, Ahmad, , ,</b>			Date of Receipt MM / DD / YYYY 04 / 20 / 2026 <b>Transaction ID : SA11AI.4658</b>		
Mailing Address 936 Fountain Head Lane			Amount of Each Receipt this Period 100.00		
City Coppell	State TX	Zip Code 75019	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Texas Health Resources		Occupation (for Individual) Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	304.48
<b>TOTAL</b> This Period (last page this line number only).....	2495.64

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JUST PAC**

**A. Acuity Politics LLC**

Full Name (Last, First, Middle Initial)

Mailing Address 1030 15th St NW  
Num 404

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 14 / 2026

FEC Identification Number: C

Transaction ID : SB21B.4676

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Anedot**

Full Name (Last, First, Middle Initial)

Mailing Address 1340 Poydras Street  
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 30 / 2026

FEC Identification Number: C

Transaction ID : SB21B.4674

Amount of Each Disbursement this Period: 120.13

Memo Item

**C. Intuit**

Full Name (Last, First, Middle Initial)

Mailing Address 5601 Headquarters Dr

City Plano State TX Zip Code 75024

Purpose of Disbursement  
Software

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 27 / 2026

FEC Identification Number: C

Transaction ID : SB21B.4677

Amount of Each Disbursement this Period: 79.95

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 700.08

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**JUST PAC**

**A. JUST PAC TX**

Full Name (Last, First, Middle Initial)

Mailing Address 290 East Meidcal Center Blvd

City Webster State TX Zip Code 77598

Purpose of Disbursement  
Contribution - Non Federal

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 07 / 2026

FEC Identification Number: C  
Transaction ID : SB21B.4680

Amount of Each Disbursement this Period: 9500.00

Memo Item

**B. Zikrainfotech.com**

Full Name (Last, First, Middle Initial)

Mailing Address 30 N Gould St

City Sheridan State WY Zip Code 82801

Purpose of Disbursement  
Subscriptions

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 04 / 01 / 2026

FEC Identification Number: C  
Transaction ID : SB21B.4678

Amount of Each Disbursement this Period: 52.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9552.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10252.08