

**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

Scot Pondelick for Congress

ADDRESS (number and street)

7910 N Granby Ave Apt 2

Check if different
than previously
reported. (ACC)

Kansas City

MO

64151

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00945188

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MO

06

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
08 / 04 / 2026in the
State of

MO

(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
07 / 01 / 2026

through

M M / D D / Y Y Y Y
07 / 15 / 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

Pondelick, Scot, , ,

Signature of Treasurer

Pondelick, Scot, , ,

Date

M M / D D / Y Y Y Y
07 / 22 / 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

Scot Pondelick for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		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))	5925.00	29225.00
(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))	5925.00	29225.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12891.18	38886.42
(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))	12891.18	38886.42
8. Cash on Hand at Close of Reporting Period (from Line 27)	10337.82	
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)	20329.24	

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

Scot Pondelick for Congress

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2026

To:

MM / DD / YYYY
07 / 15 / 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).....

5600.00

26800.00

(ii) Unitemized

325.00

2425.00

(iii) TOTAL of contributions
from individuals ▶

5925.00

29225.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

5925.00

29225.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

19999.24

(b) All Other Loans.....

0.00

0.00

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

0.00

19999.24

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)..... ▶

5925.00

49224.24

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.....	12891.18	38886.42
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) ►	12891.18	38886.42

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17304.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5925.00
25. SUBTOTAL (add Line 23 and Line 24).....	23229.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12891.18
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10337.82

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 15

☒ 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)

Scot Pondelick for Congress

Full Name (Last, First, Middle Initial)

Baumohl, Jay, , ,

A.

Mailing Address 15224 Nooning Tree Court

City

Chesterfield

State

MO

Zip Code

63017

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pandia Technologies

Occupation
Management

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
07 04 2026

Transaction ID : A-16

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Beaty, Don, , ,

B.

Mailing Address 5831 NE 182nd Street

City

Kenmore

State

WA

Zip Code

98028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owner

Occupation
The Summit Group

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 11 2026

Transaction ID : A-130

Amount of Each Receipt this Period

600.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Fender, Belinda, , ,

C.

Mailing Address 1901 Ridgemont

City

Columbia

State

MO

Zip Code

65203

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Missouri

Occupation
Pathologist

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 10 2026

Transaction ID : A-129

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1350.00

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 15

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

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NAME OF COMMITTEE (In Full)

Scot Pondelick for Congress

Full Name (Last, First, Middle Initial)

Maurizi, Brian, , ,

A.

Mailing Address 49 Westmoreland Place

City

Saint Louis

State

MO

Zip Code

63108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saracen Energy Advisors

Occupation

Electricity Trader

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 05 2026

Transaction ID : A-15

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Stancel, Nancy, , ,

B.

Mailing Address 5825 N Beaman Ave

City

Kcmo

State

MO

Zip Code

64151

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 15 2026

Transaction ID : A-132

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Steves, Myron, , ,

C.

Mailing Address 2001 Holcombe Boulevard
Unit 502

City

Houston

State

TX

Zip Code

77030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Insurance

Occupation

RT Specialty

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 01 2026

Transaction ID : A-11

Amount of Each Receipt this Period

3500.00

☐ Memo Item

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

4250.00

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

5600.00

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

PAGE 7 OF 15

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

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NAME OF COMMITTEE (In Full)

Scot Pondelick for Congress

Full Name (Last, First, Middle Initial)

A. ActBlue. Inc.

Mailing Address P.O. Box 962017

City
BostonState
MAZip Code
02196Purpose of Disbursement
Processing fee

003

Candidate Name

Category/
Type

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	7		0	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

29.63

Transaction ID : B-114

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue. Inc.

Mailing Address P.O. Box 962017

City
BostonState
MAZip Code
02196Purpose of Disbursement
Processing fee

003

Candidate Name

Category/
Type

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	7		0	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4.94

Transaction ID : B-135

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue. Inc.

Mailing Address P.O. Box 962017

City
BostonState
MAZip Code
02196Purpose of Disbursement
Processing fee

003

Candidate Name

Category/
Type

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	7		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

5.93

Transaction ID : B-136

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

40.50

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

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

PAGE 8 OF 15

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

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NAME OF COMMITTEE (In Full)

Scot Pondelick for Congress

Full Name (Last, First, Middle Initial)

A. ActBlue. Inc.

Mailing Address P.O. Box 962017

City
BostonState
MAZip Code
02196Purpose of Disbursement
Processing fee

003

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	7		1	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

43.45

Transaction ID : B-137

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue. Inc.

Mailing Address P.O. Box 962017

City
BostonState
MAZip Code
02196Purpose of Disbursement
Processing fee

003

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	7		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1.98

Transaction ID : B-138

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue. Inc.

Mailing Address P.O. Box 962017

City
BostonState
MAZip Code
02196Purpose of Disbursement
Processing fee

003

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	7		1	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

9.88

Transaction ID : B-139

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

55.31

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 9 OF 15

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Scot Pondelick for Congress

Full Name (Last, First, Middle Initial)

A. PhoneBurner IncMailing Address 1968 South Coast Highway
1800City
Laguna BeachState
CAZip Code
92651Purpose of Disbursement
Additional phone numbers & shield protection

003

Candidate Name

Category/
Type

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	7		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

72.00

Transaction ID : B-99

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PTGR StrategiesMailing Address 1209 Mountain Road Place Northeast
Ste NCity
AlbuquerqueState
NMZip Code
87110Purpose of Disbursement
Campaign consultant

003

Candidate Name

Category/
Type

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	7		0	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

12000.00

Transaction ID : B-98

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PTGR StrategiesMailing Address 1209 Mountain Road Place Northeast
Ste NCity
AlbuquerqueState
NMZip Code
87110Purpose of Disbursement
Voter phone number list

003

Candidate Name

Category/
Type

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	7		1	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

709.41

Transaction ID : B-144

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

12781.41

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

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

PAGE 10 OF 15

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

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NAME OF COMMITTEE (In Full)

Scot Pondelick for Congress

Full Name (Last, First, Middle Initial)

A. TheSextonGroup

Mailing Address 440 North Wells Street

City
ChicagoState
ILZip Code
60654Purpose of Disbursement
Voter phone number list

003

Candidate Name

Category/
Type

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	7		1	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

709.41

Transaction ID : B-145

☒ Memo Item MEMO: Subvendor of-PTGR
Strategies**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

0.00

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

12877.22

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

PAGE 11 OF 15

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

NAME OF COMMITTEE (In Full)

Transaction ID : C-12

Scot Pondelick for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Pondelick, Scot, , ,

Mailing Address

7910 North Granby Avenue

Apt 2

City

Kansas City

State

MO

ZIP Code

64151

☒ Personal Funds of the Candidate

Original Amount of Loan

4999.24

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

4999.24

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

None

None

% (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).....▶

4999.24

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 12 OF 15

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

NAME OF COMMITTEE (In Full)

Transaction ID : C-13

Scot Ponderick for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Ponderick, Scot, , ,

Mailing Address

7910 North Granby Avenue

Apt 2

City

Kansas City

State

MO

ZIP Code

64151

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 06 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

None

% (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).....▶

5000.00

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 13 OF 15

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

NAME OF COMMITTEE (In Full)

Transaction ID : C-14

Scot Ponderick for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Ponderick, Scot, , ,

Mailing Address

7910 North Granby Avenue
Apt 2

City

Kansas City

State

MO

ZIP Code

64151

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 11 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

None

None

% (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).....▶

10000.00

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

19999.24

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 15

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Scot Pondelick for Congress

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

Pondelick, Scot, , ,

Nature of Debt (Purpose):

Website domains (3), for 1 year

Mailing Address 7910 North Granby Avenue
Apt 2City
Kansas CityState
MOZip Code
64151

Outstanding Balance Beginning This Period

42.00

Transaction ID : D-119

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

42.00

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

Pondelick, Scot, , ,

Nature of Debt (Purpose):

Website hosting subscription, monthly

Mailing Address 7910 North Granby Avenue
Apt 2City
Kansas CityState
MOZip Code
64151

Outstanding Balance Beginning This Period

36.00

Transaction ID : D-121

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36.00

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

Pondelick, Scot, , ,

Nature of Debt (Purpose):

Website hosting subscription, monthly

Mailing Address 7910 North Granby Avenue
Apt 2City
Kansas CityState
MOZip Code
64151

Outstanding Balance Beginning This Period

36.00

Transaction ID : D-123

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

36.00

1) **SUBTOTALS** This Period This Page (optional) ▶

114.00

2) **TOTALS** This Period (last page this line number only) ▶3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 15 OF 15

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Scot Pondelick for Congress

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

Pondelick, Scot, , ,

Nature of Debt (Purpose):

1 year PO box lease

Mailing Address 7910 North Granby Avenue
Apt 2City
Kansas CityState
MOZip Code
64151

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-125

Amount Incurred This Period

216.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

216.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

216.00

2) **TOTALS** This Period (last page this line number only)

330.00

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

19999.24

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

20329.24