

**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

MACALLISTER FOR CONGRESS

ADDRESS (number and street)

502 6TH ST



Check if different than previously reported. (ACC)

HUDSON

WI

54016-1783

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00910836

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

MA

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
09 / 01 / 2026

in the State of

MA

(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
08 / 12 / 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 DATWYLER, THOMAS, , ,

Signature of Treasurer

DATWYLER, THOMAS, , ,

Date

M M / D D / Y Y Y Y
08 / 20 / 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

MACALLISTER 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	8		1	2		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))....	10904.67	172752.14
(b) Total Contribution Refunds (from Line 20(d))	0.00	376.93
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	10904.67	172375.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	15429.52	138673.81
(b) Total Offsets to Operating Expenditures (from Line 14).....	722.47	1232.85
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	14707.05	137440.96
8. Cash on Hand at Close of Reporting Period (from Line 27).....	35050.81	
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)	1005.00	

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

MACALLISTER FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2026

To:

MM / DD / YYYY
08 / 12 / 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).....

7484.79

146026.02

(ii) Unitemized

3419.88

25476.12

(iii) TOTAL of contributions
from individuals ▶

10904.67

171502.14

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

1250.00

(d) The Candidate

0.00

0.00

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

10904.67

172752.14

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

1005.00

(b) All Other Loans.....

0.00

0.00

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

0.00

1005.00

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

722.47

1232.85

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.59

131.56

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

11627.73

175121.55

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.....	15429.52	138673.81
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	376.93
(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	376.93
21. OTHER DISBURSEMENTS	0.00	1020.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	15429.52	140070.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	38852.60
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11627.73
25. SUBTOTAL (add Line 23 and Line 24).....	50480.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	15429.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	35050.81

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

PAGE 5 OF 23

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

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

ANDERSON, JOHN, , ,

A.

Mailing Address 94 CHILDS ST

City

CENTERVILLE

State

MA

Zip Code

02632-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : AE0B63F678BA74DF0B1A

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AUERBACH, JARED, , ,

B.

Mailing Address 21 MIDDLE ST

City

NATICK

State

MA

Zip Code

01760-2111

FEC ID number of contributing
federal political committee.

C

Name of Employer
REDS BESTOccupation
SEAFOOD INDUSTRY EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1141.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	6

Transaction ID : AD6943AB798B34113B50

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CAMERON, JON, , ,

C.

Mailing Address 13 WATER STREET

City

MATTAPOISETT

State

MA

Zip Code

02739

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE INN ON SHIPYARD PARKOccupation
OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	6

Transaction ID : A2EEA6DE8FBEA4488BBE

Amount of Each Receipt this Period

500.00

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

850.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 23

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

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

CLIFFORD, CARROLL, , ,

A.

Mailing Address 135 MINTON LANE

City

WEST BARNSTABLE

State

MA

Zip Code

02668

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 29 2026

Transaction ID : AF0B9C5BB3AAA4F2984C

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

COLBERT, ROBERT, , ,

B.

Mailing Address 6 MASSASOIT AVE

City

PLYMOUTH

State

MA

Zip Code

02360

FEC ID number of contributing
federal political committee.

C

Name of Employer

CANAL SEAFOOD, INC

Occupation

OWNER

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
08 11 2026

Transaction ID : ADEC2B12ED2004C01A23

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CRISCUOLO, PAUL T, , ,

C.

Mailing Address 82 COUNTY ROAD
PMB 80

City

MATTAPOISETT

State

MA

Zip Code

02739

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

234.69

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 16 2026

Transaction ID : AAB899930ED634163BC5

Amount of Each Receipt this Period

234.69

☐ Memo Item

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

1434.69

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

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

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

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

CRISCUOLO, PAUL T, , ,

A.

Mailing Address 82 COUNTY ROAD

PMB 80

City

MATTAPOISETT

State

MA

Zip Code

02739

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

323.54

Date of Receipt

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

Transaction ID : A7F7E92F9D0F3473B82D

Amount of Each Receipt this Period

88.85



Memo Item

Full Name (Last, First, Middle Initial)

CURRY, PAUL, , ,

B.

Mailing Address 1460 S COUNTY RD

City

OSTERVILLE

State

MA

Zip Code

02655

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAY STATE TEXTILES

Occupation

BUSINESS OWNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	6

Transaction ID : ACDAE963D43B44009957

Amount of Each Receipt this Period

500.00



Memo Item

Full Name (Last, First, Middle Initial)

FINLEY, JOEL, , ,

C.

Mailing Address 91 RT 6A

City

SANDWICH

State

MA

Zip Code

02563

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENERGY AUCTION HOUSE

Occupation

ENERGY SALES

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	6

Transaction ID : AD5F9F8EBC69D4D8D8C7

Amount of Each Receipt this Period

500.00



Memo Item

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

1088.85

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 8 OF 23

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

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

GOODELL, BRADY, , ,

A.

Mailing Address 12 HARBORVIEW DR

City

KINGSTON

State

MA

Zip Code

02364

FEC ID number of contributing
federal political committee.

C

Name of Employer

US BANK

Occupation

SALES

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 06 2026

Transaction ID : A0F404D6C2A1C460492B

Amount of Each Receipt this Period

260.73

☐ Memo Item

Full Name (Last, First, Middle Initial)

HUGHES, RANDALL, , ,

B.

Mailing Address 400 GREAT NECK RD N

City

MASHPEE

State

MA

Zip Code

02649

FEC ID number of contributing
federal political committee.

C

Name of Employer

RH CONTRACTORS INC

Occupation

FRAMING SUPERVISOR

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

521.15

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 28 2026

Transaction ID : AAB58DA732ED8416FB2D

Amount of Each Receipt this Period

521.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

MACALLISTER, MARK, , ,

C.

Mailing Address 64 EBENEZER RD

City

OSTERVILLE

State

MA

Zip Code

02655-1211

FEC ID number of contributing
federal political committee.

C

Name of Employer

MACALLISTER MARINE CONSTRUCTION, IN

Occupation

PRESIDENT

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2083.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 17 2026

Transaction ID : A884F16376C244055AF1

Amount of Each Receipt this Period

1041.98

☐ Memo Item

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

1823.86

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 9 OF 23

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

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCHLEGEL, PAUL, , ,

A.

Mailing Address 34 MAIN ST.

RTE. 28

City

WEST YARMOUTH

State

MA

Zip Code

02673

FEC ID number of contributing
federal political committee.

C

Name of Employer

SCHLEGEL & SCHLEGEL INSURANCE BROK

Occupation

UNIT LEADER

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

937.81

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 03 2026

Transaction ID : A72F92E50965A4A32B22

Amount of Each Receipt this Period

937.81

☐ Memo Item

Full Name (Last, First, Middle Initial)

WEINER, STEPHEN, , ,

B.

Mailing Address PO BOX 465

City

OGUNQUIT

State

ME

Zip Code

03907

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 ▼

1000.00

Date of Receipt

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

Transaction ID : A510506EAC64F4066B00

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WILSON, BRETT A, , ,

C.

Mailing Address 85 BIRCH LN

City

BREWSTER

State

MA

Zip Code

02631

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.73

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 01 2026

Transaction ID : A7BDB8067913D406A82A

Amount of Each Receipt this Period

260.73

☐ Memo Item

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

2198.54

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 10 OF 23

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

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

ZINKEVICH, ALICE, , ,

A. Mailing Address PO BOX 209

City
SAGAMORE

State
MA

Zip Code
02561

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
HAIR STYLIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

503.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 05 2026

Transaction ID : AF9540AC54DC54FE5B5F

Amount of Each Receipt this Period

88.85

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. 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

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)..... ▶

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

88.85

7484.79

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 23

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

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

CUSTOMPRINT

A.

Mailing Address 2507 ROOSEVELT AVE

City
INDIANAPOLIS

State
IN

Zip Code
46218-3642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

890.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 10 2026

Transaction ID : A4DD0CEA31322441A90C

Amount of Each Receipt this Period

722.47

☐ Memo Item

PRINTING REFUNDED

Full Name (Last, First, Middle Initial)

B.

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

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)..... ▶

722.47

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

722.47

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

PAGE 12 OF 23

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

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

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

32.24

Transaction ID : B73869931660244EDADC

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

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

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

65.86

Transaction ID : B4ABA08C635B14392B9C

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 410 TERRY AVE N

Date of Disbursement

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

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

209.29

Transaction ID : B4A7723E4955C4740AF5

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

307.39

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)

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST

City
NEW ORLEANSState
LAZip Code
70112-1251Purpose of Disbursement
CREDIT CARD FEES

001

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		3	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

195.72

Transaction ID : BCA845A767AB1499BAD8

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST

City
NEW ORLEANSState
LAZip Code
70112-1251Purpose of Disbursement
CREDIT CARD FEES

001

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	8		1	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

184.25

Transaction ID : BD6D5400EDC074A23835

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. A-SYNC MANAGEMENT

Mailing Address 273 CHATHAM RD

City
HARWICHState
MAZip Code
02645-3309Purpose of Disbursement
CAMPAIGN MANAGEMENT SERVICES

001

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		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : BC795D5AB830F473AAC9

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

2379.97

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)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CLOSE CRM

Mailing Address PO BOX 7775

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	6

City
SAN FRANCISCOState
CAZip Code
94120-7775

FEC Identification Number

C

Purpose of Disbursement
CREDIT CARD FEES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

33.10

Transaction ID : BA58362D3EA6C4B508CC

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. CLOSE CRM

Mailing Address PO BOX 7775

Date of Disbursement

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

City
SAN FRANCISCOState
CAZip Code
94120-7775

FEC Identification Number

C

Purpose of Disbursement
CREDIT CARD FEES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

115.81

Transaction ID : BE82C6FCC4F71473C9CB

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. CUSTOM LANYARDMailing Address 4007 GREENBRIAR DR
STE D

Date of Disbursement

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

City
STAFFORDState
TXZip Code
77477-3923

FEC Identification Number

C

Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

207.89

Transaction ID : B6EC59447F4474667828

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

356.80

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)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CUSTOMPRINT

Mailing Address 2507 ROOSEVELT AVE

City
INDIANAPOLISState
INZip Code
46218-3642Purpose of Disbursement
PRINTING

001

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	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

722.47

Transaction ID : BAB07131A09AE44008D0

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FACEBOOK

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1455Purpose of Disbursement
WEB ADS

001

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

12.65

Transaction ID : B9603999ECA794DF390C

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Mailing Address 1 HACKER WAY

City
MENLO PARKState
CAZip Code
94025-1455Purpose of Disbursement
WEB ADS

001

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	8		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

12.65

Transaction ID : BC1F4C82976EC44128AA

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

747.77

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)

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1351

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

154.37

Transaction ID : BDF6FC48DB8164E46BCA

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1351

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

26.06

Transaction ID : B7FAA76C68A874E1B8F0

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1351

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

25.32

Transaction ID : B7F69F0122C504E8DB5D

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

205.75

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)

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

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GOOGLE

Mailing Address 1600 AMPHITHEATRE PKWY

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1351

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

177.44

Transaction ID : BCC483FD9F1A344DA89E

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. IMPRINT

Mailing Address 14550 BEECHNUT ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	2	6

City
HOUSTONState
TXZip Code
77083-5741

FEC Identification Number

C

Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

414.74

Transaction ID : B7638A583E23B4C5E979

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. IMPRINT

Mailing Address 14550 BEECHNUT ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	6

City
HOUSTONState
TXZip Code
77083-5741

FEC Identification Number

C

Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1432.62

Transaction ID : BA49FAAEF4F07428D973

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

2024.80

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)

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MERRILL'S ON THE WATERFRONT

Mailing Address 36 HOMER'S WHARF

City
NEW BEDFORDState
MAZip Code
02740-7245Purpose of Disbursement
FOOD AND BEVERAGE

001

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	8		0	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : BD4CE9334EC044569AD6

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. SCHLEGEL, DREW, , ,

Mailing Address 12 FEATHER BED LN

City
WEST YARMOUTHState
MAZip Code
02673-3347Purpose of Disbursement
CAMPAIGN CONSULTING

001

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	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : BE12B339DA14E4C058CC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. SPOLSINO, NICHOLAS, , ,

Mailing Address 26 HONEYSUCKLE LN

City
HANOVERState
MAZip Code
02339Purpose of Disbursement
CAMPAIGN CONSULTING

001

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	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : BC7C77AD04C814DE9ADE

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

4500.00

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)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STAPLES, INC.

Mailing Address 500 STAPLES DR

City
FRAMINGHAMState
MAZip Code
01702-4478Purpose of Disbursement
OFFICE SUPPLIES

001

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		2	2		2	0	6	

FEC Identification Number

C

Amount of Each Disbursement this Period

98.97

Transaction ID : B93B3C335139E45F8AB2

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TROUP, AMY, L, ,

Mailing Address 10 HILLSIDE AVE

City
HALIFAXState
MAZip Code
02338-1306Purpose of Disbursement
CAMPAIGN CONSULTING

001

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	1		2	0	6	

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : B74FE815D82D942029A8

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. VILLAGE SIGNS

Mailing Address 94 MARION RD

City
MATTAPOISETTState
MAZip Code
02739-1636Purpose of Disbursement
PRINTING

001

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	6	

FEC Identification Number

C

Amount of Each Disbursement this Period

467.50

Transaction ID : B38010E11A4E648648BA

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

3566.47

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)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VILLAGE SIGNS

Mailing Address 94 MARION RD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		24		2026

City
MATTAPOISETTState
MAZip Code
02739-1636

FEC Identification Number

C

Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

265.63

Transaction ID : B3EC54C9A42C047C9A50

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. VISTAPRINT

Mailing Address 275 WYMAN ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2026

City
WALTHAMState
MAZip Code
02451-1220

FEC Identification Number

C

Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

162.55

Transaction ID : B80C573B6158A4DD982F

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. VISTAPRINT

Mailing Address 275 WYMAN ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		30		2026

City
WALTHAMState
MAZip Code
02451-1220

FEC Identification Number

C

Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

579.22

Transaction ID : BE55649BBF2B74E4A848

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1007.40

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 23

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MACALLISTER FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. VISTAPRINT

Mailing Address 275 WYMAN ST

City
WALTHAMState
MAZip Code
02451-1220Purpose of Disbursement
PRINTING

001

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	8		1	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

195.49

Transaction ID : BB7911E3E1D694377892

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES, LLCMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203-1665Purpose of Disbursement
CREDIT CARD PROCESSING FEES

001

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

1.97

Transaction ID : BFB32A91B8127493B8E6

☐ Memo Item

Full Name (Last, First, Middle Initial)

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).....▶

197.46

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

15293.81

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

PAGE 22 OF 23

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

NAME OF COMMITTEE (In Full)

Transaction ID : C3EF71AF7BFBB421E869

MACALLISTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MACALLISTER, ROBERT, TYLER, ,

Mailing Address

103 MATTAPOISETT NECK ROAD

City

MATTAPOISETT

State

MA

ZIP Code

02739-1902

☒ Personal Funds of the Candidate

Original Amount of Loan

5.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 25 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y
NONE

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).....▶

5.00

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 23 OF 23

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

NAME OF COMMITTEE (In Full)

Transaction ID : CE7928B12E4F04CDCA9D

MACALLISTER FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MACALLISTER, ROBERT, TYLER, ,

Mailing Address

103 MATTAPOISETT NECK ROAD

City

MATTAPOISETT

State

MA

ZIP Code

02739-1902

☒ 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
07 25 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

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).....▶

1005.00

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