



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Kyle Freeman For Senate**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 03 / 31 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	309.00	4003.30
(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)) .....	309.00	4003.30
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	551.37	9600.00
(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)) .....	551.37	9600.00
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>1235.87</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>51.58</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>35940.20</b>	

**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

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Kyle Freeman For Senate

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

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).....	150.00	3750.00
(ii) Unitemized.....	159.00	253.30
(iii) TOTAL of contributions from individuals ▶	309.00	4003.30
(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))..	309.00	4003.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	11000.00	6500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	11000.00	6500.00
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)..... ▶	11309.00	10503.30

**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.....	551.37	9600.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	59.80	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	59.80	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 .....	10440.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11051.17	9600.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	978.04
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	11309.00
25. SUBTOTAL (add Line 23 and Line 24).....	12287.04
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11051.17
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1235.87

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 19  
(check only one)  
 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)  
**Kyle Freeman For Senate**

**A.** Full Name (Last, First, Middle Initial)  
O'Donnell, Susan, Freeman, Mrs.,

Mailing Address 187 Mills Creek rd

City Winnsboro State SC Zip Code 29180

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 ▼ 725.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 25 / 2026

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
O'Donnell, Susan, Freeman, Mrs.,

Mailing Address 187 Mills Creek rd

City Winnsboro State SC Zip Code 29180

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 ▼ 725.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 25 / 2026

Transaction ID : SA11AI.4396

Amount of Each Receipt this Period  
50.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
O'Donnell, Susan, Freeman, Mrs.,

Mailing Address 187 Mills Creek rd

City Winnsboro State SC Zip Code 29180

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 ▼ 775.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 25 / 2026

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period  
50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	150.00

# 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 19	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Kyle Freeman For Senate**

**A.** Full Name (Last, First, Middle Initial)  
Freeman, Kyle, ODonnell, Mr.,

Mailing Address 1815 Luster Lane

City Columbia	State SC	Zip Code 29210
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** s6sc04197

Name of Employer ABW Logistics	Occupation Inventory Control
-----------------------------------	---------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
29300.00

Date of Receipt  

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

**Transaction ID : SA13A.4415**

Amount of Each Receipt this Period  

11000.00
----------

Memo Item

**B.** Full Name (Last, First, Middle Initial)

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

**C.** Full Name (Last, First, Middle Initial)

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

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	11000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	11000.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Kyle Freeman For Senate**

Full Name (Last, First, Middle Initial)  
**A. Murphey Express**

Mailing Address 201 Bush River Rd

City Columbia State SC Zip Code 29210

Purpose of Disbursement Gas Category/Type 002

Candidate Name Kyle Freeman For Senate

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: SC District: 00

Date of Disbursement 03 / 16 / 2026

FEC Identification Number C C00888479

Amount of Each Disbursement this Period 44.97

Transaction ID : SB17.4430

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Office Depot**

Mailing Address 421 Bush River Rd

City Columbia State SC Zip Code 29210

Purpose of Disbursement Brochures Category/Type 004

Candidate Name Kyle Freeman For Senate

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: SC District: 00

Date of Disbursement 03 / 14 / 2026

FEC Identification Number C C00888479

Amount of Each Disbursement this Period 100.31

Transaction ID : SB17.4431

Memo Item

Full Name (Last, First, Middle Initial)  
**C. SquareSpace.com**

Mailing Address 225 VArick Street  
12th floor

City New York State NY Zip Code 10014

Purpose of Disbursement Category/Type 001

Candidate Name Kyle Freeman For Senate

Office Sought:  House  Senate  President  
Disbursement For: 2026  Primary  General  Other (specify) ▼  
State: SC District: 00

Date of Disbursement 01 / 23 / 2026

FEC Identification Number C C00888479

Amount of Each Disbursement this Period 38.88

Transaction ID : SB17.4417

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 184.16

**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 Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Kyle Freeman For Senate**

Full Name (Last, First, Middle Initial) <b>A. SquareSpace.com</b>		Date of Disbursement MM / DD / YYYY 02 / 10 / 2026
Mailing Address 225 VArick Street 12th floor		FEC Identification Number C C00888479
City New York	State NY	Zip Code 10014
Purpose of Disbursement Website	001	
Candidate Name Kyle Freeman For Senate		Amount of Each Disbursement this Period 64.80
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 00	Transaction ID : SB17.4420 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. SquareSpace.com</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2026
Mailing Address 225 VArick Street 12th floor		FEC Identification Number C C00888479
City New York	State NY	Zip Code 10014
Purpose of Disbursement Website	001	
Candidate Name Kyle Freeman For Senate		Amount of Each Disbursement this Period 38.88
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 00	Transaction ID : SB17.4421 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. SquareSpace.com</b>		Date of Disbursement MM / DD / YYYY 03 / 28 / 2026
Mailing Address 225 VArick Street 12th floor		FEC Identification Number C C00888479
City New York	State NY	Zip Code 10014
Purpose of Disbursement Website	001	
Candidate Name Kyle Freeman For Senate		Amount of Each Disbursement this Period 38.88
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: SC District: 00	Transaction ID : SB17.4432 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	142.56
<b>TOTAL</b> 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 Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Kyle Freeman For Senate**

Full Name (Last, First, Middle Initial) <b>A. Straight Talk Services</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 29 / 2026	
Mailing Address 9700 NW 112th Ave			FEC Identification Number C C00888479	
City Miami	State FL	Zip Code 33178	Amount of Each Disbursement this Period 48.40	
Purpose of Disbursement Phone		Category/ Type 001	Transaction ID : SB17.4419	
Candidate Name Kyle Freeman For Senate		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: SC	District: 00			

Full Name (Last, First, Middle Initial) <b>B. Straight Talk Services</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2026	
Mailing Address 9700 NW 112th Ave			FEC Identification Number C C00888479	
City Miami	State FL	Zip Code 33178	Amount of Each Disbursement this Period 48.40	
Purpose of Disbursement Phone		Category/ Type 001	Transaction ID : SB17.4428	
Candidate Name Kyle Freeman For Senate		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: SC	District: 00			

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State:	District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	96.80
<b>TOTAL</b> This Period (last page this line number only).....▶	423.52

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 19	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Kyle Freeman For Senate**

Full Name (Last, First, Middle Initial) <b>A. Kyle Freeman For Senate</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 1815 Luster Lane		FEC Identification Number C C00888479
City Columbia	State SC	Zip Code 29210
Purpose of Disbursement	<input type="checkbox"/> 009	Amount of Each Disbursement this Period 59.80
Candidate Name Kyle Freeman For Senate	Category/ Type	Transaction ID : SB19A.4416
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SC District: 00		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	59.80
<b>TOTAL</b> This Period (last page this line number only).....▶	59.80

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 19	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Kyle Freeman For Senate**

Full Name (Last, First, Middle Initial) <b>A. South Carolina Democratic Party</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2026
Mailing Address 1929 Gadsen Street		FEC Identification Number C C00888479
City Columbia	State SC	Zip Code 29201
Purpose of Disbursement Filing Fee	<input type="checkbox"/> 001	Amount of Each Disbursement this Period 10440.00
Candidate Name Kyle Freeman For Senate	Category/ Type	Transaction ID : SB21.4433
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: SC District: 00		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10440.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10440.00

# SCHEDULE C (FEC Form 3) LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 12 OF 19
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/9.4355**  
 Kyle Freeman For Senate

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Election: 2026
Freeman, Kyle, ODonnell, Mr.,			<input checked="" type="checkbox"/> Primary
Mailing Address 1815 Luster Lane			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City Columbia	State SC	ZIP Code 29210	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 51.58	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 51.58
----------------------------------	------------------------------------	--

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 29 / 2025	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	51.58
<b>TOTALS</b> This Period (last page in this line only).....▶	51.58

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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4205**  
 Kyle Freeman For Senate

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Freeman, Kyle, ODonnell, Mr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 1815 Luster Lane		<input type="checkbox"/> General
City Columbia		<input type="checkbox"/> Other (specify) ▼
State SC	ZIP Code 29210	<input type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4100.00	0.00	4100.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 01 / 23 / 2025	M M / D D / Y Y Y Y 11/06/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	4100.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Kyle Freeman For Senate** Transaction ID : **SC/10.4209**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Freeman, Kyle, ODonnell, Mr.,			<input checked="" type="checkbox"/> Primary
Mailing Address 1815 Luster Lane			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input type="checkbox"/> Personal Funds of the Candidate
Columbia	SC	29210	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 02 / 22 / 2025	MM / DD / YYYY 11/06/26	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	3000.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4206**  
 Kyle Freeman For Senate

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Freeman, Kyle, ODonnell, Mr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 1815 Luster Lane		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Columbia	State SC	ZIP Code 29210
<input type="checkbox"/> 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
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2025	M M / D D / Y Y Y Y 11/06/26	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	10000.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4278**  
 Kyle Freeman For Senate

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Freeman, Kyle, ODonnell, Mr.,		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1815 Luster Lane		
City Columbia	State SC	ZIP Code 29210
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1400.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1400.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 17 / 2025	M M / D D / Y Y Y Y 11/05/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	1400.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4415**  
 Kyle Freeman For Senate

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Freeman, Kyle, ODonnell, Mr.,		<input checked="" type="checkbox"/> Primary
Mailing Address 1815 Luster Lane		<input type="checkbox"/> General
City Columbia		<input type="checkbox"/> Other (specify) ▼
State SC	ZIP Code 29210	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 11000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 11000.00
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 24 / 2026	11/04/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	11000.00
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Kyle Freeman For Senate** Transaction ID : **SC/10.4132**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Kyle Freeman For Senate			<input checked="" type="checkbox"/> Primary
Mailing Address 1815 Luster Lane			<input type="checkbox"/> General
City Columbia		State SC	<input type="checkbox"/> Other (specify) ▼
ZIP Code 29210		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	59.80	3440.20

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	10 / 11 / 2024	11/06/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	3440.20
<b>TOTALS</b> 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

NAME OF COMMITTEE (In Full) **Kyle Freeman For Senate** Transaction ID : **SC/10.4133**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Kyle Freeman For Senate			<input checked="" type="checkbox"/> Primary
Mailing Address 1815 Luster Lane			<input type="checkbox"/> General
City Columbia		State SC	ZIP Code 29210
			<input checked="" type="checkbox"/> Personal Funds of the Candidate
Election: 2026			<input type="checkbox"/> Other (specify) ▼

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	12 / 05 / 2024	11/06/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	3000.00
<b>TOTALS</b> This Period (last page in this line only).....▶	35940.20

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