

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Dr. Jeff For Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	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))	2745.00	2745.00
(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))	2745.00	2745.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4206.45	4206.45
(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))	4206.45	4206.45
8. Cash on Hand at Close of Reporting Period (from Line 27)	18538.55	
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)	20000.00	

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

Dr. Jeff For Congress

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).....	750.00	750.00
(ii) Unitemized.....	1995.00	1995.00
(iii) TOTAL of contributions from individuals ▶	2745.00	2745.00
(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))..	2745.00	2745.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	20000.00	20000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	20000.00	20000.00
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)..... ▶	22745.00	22745.00

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.....	4206.45	4206.45
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) ►	4206.45	4206.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22745.00
25. SUBTOTAL (add Line 23 and Line 24).....	22745.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4206.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	18538.55

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 9
(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)
Dr. Jeff For Congress

A. Full Name (Last, First, Middle Initial)
fagen-persante, linda, , ,

Mailing Address 9010 roberts road

City Odessa State FL Zip Code 33556

FEC ID number of contributing federal political committee.

Name of Employer PersanteZuroweste Occupation Attorney

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2025

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period

Memo Item
contribution

B. Full Name (Last, First, Middle Initial)
helton, nicole, , ,

Mailing Address 201 Purrigsby Rd

City Brodhead State KY Zip Code 40409

FEC ID number of contributing federal political committee.

Name of Employer rn Occupation rn

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 01 / 2025

Transaction ID : SA11AI.4117

Amount of Each Receipt this Period

Memo Item
Contribution

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

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).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="750.00"/>

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 9		
<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)
Dr. Jeff For Congress

A. Full Name (Last, First, Middle Initial)
Fauntleroy, Jeff, , ,

Mailing Address 4450 Gin Plantation

City Snellville	State GA	Zip Code 30039
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FEC ID number of contributing federal political committee. **C** h6ga13120

Name of Employer J. Fauntleroy & Associates LLC	Occupation CEO
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
20000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 01 / 2025

Transaction ID : SA13A.4105

Amount of Each Receipt this Period
20000.00

Memo Item

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

Mailing Address

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

Name of Employer	Occupation
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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

SUBTOTAL of Receipts This Page (optional)..... ▶	20000.00
TOTAL This Period (last page this line number only)..... ▶	20000.00

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 9	
	<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)
Dr. Jeff For Congress

Full Name (Last, First, Middle Initial) A. graphics Inc, 2E, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025
Mailing Address 2180 Scenic Highway North		FEC Identification Number C C00920678
City Snellville	State GA	Zip Code 30078
Purpose of Disbursement Advertiser		Category/ Type
Candidate Name Dr. Jeff For Congress		
Office Sought: <input checked="" type="checkbox"/> House <input 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: GA District: 13	Amount of Each Disbursement this Period 398.76	
		Transaction ID : SB17.4134
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. graphics Inc, 2E, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2025
Mailing Address 2180 Scenic Highway North		FEC Identification Number C C00920678
City Snellville	State GA	Zip Code 30078
Purpose of Disbursement Advertising and marketing expense		Category/ Type
Candidate Name Dr. Jeff For Congress		
Office Sought: <input checked="" type="checkbox"/> House <input 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: GA District: 13	Amount of Each Disbursement this Period 200.47	
		Transaction ID : SB17.4136
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Hollinger, Charis , , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2025
Mailing Address 4438 Chestnut Oak Way		FEC Identification Number C C00920678
City Gainesville	State GA	Zip Code 30504
Purpose of Disbursement Video Production for Campaign		Category/ Type 004
Candidate Name Dr. Jeff For Congress		
Office Sought: <input checked="" type="checkbox"/> House <input 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: GA District: 13	Amount of Each Disbursement this Period 1100.00	
		Transaction ID : SB17.4128
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	1699.23
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 9	
	<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)
Dr. Jeff For Congress

Full Name (Last, First, Middle Initial) A. Rodriguez, Joel , , ,			Date of Disbursement M M / D D / Y Y Y Y 10 / 21 / 2025	
Mailing Address 4430 Gin Plantation Drive			FEC Identification Number C C00920678	
City Snellville	State GA	Zip Code 30049	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Manager		Category/ Type 001	Transaction ID : SB17.4132	
Candidate Name Dr. Jeff For Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input 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: GA District: 13				

Full Name (Last, First, Middle Initial) B. Rodriguez, Joel , , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2025	
Mailing Address 4430 Gin Plantation Drive			FEC Identification Number C C00920678	
City Snellville	State GA	Zip Code 30049	Amount of Each Disbursement this Period 739.00	
Purpose of Disbursement Campaign Manager		Category/ Type 001	Transaction ID : SB17.4130	
Candidate Name Dr. Jeff For Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input 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: GA District: 13				

Full Name (Last, First, Middle Initial) C. Rodriguez, Joel , , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025	
Mailing Address 4430 Gin Plantation Drive			FEC Identification Number C C00920678	
City Snellville	State GA	Zip Code 30049	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Campaign Manager		Category/ Type 001	Transaction ID : SB17.4133	
Candidate Name Dr. Jeff For Congress		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" type="checkbox"/> House <input 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: GA District: 13				

SUBTOTAL of Disbursements This Page (optional).....▶	1739.00
TOTAL This Period (last page this line number only).....▶	3438.23

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4105**
 Dr. Jeff For Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
Fauntleroy, Jeff, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 4450 Gin Plantation		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City Snellville	State GA	ZIP Code 30039
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 20000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 20000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 01 / 2025	M M / D D / Y Y Y Y 1/31/2026	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:

SUBTOTALS This Period This Page (optional).....▶	20000.00
TOTALS This Period (last page in this line only).....▶	20000.00

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