

**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

FOLEY FOR CONGRESS

ADDRESS (number and street)

2000 MALLORY LN

STE 290 - 1110

Check if different
than previously
reported. (ACC)

FRANKLIN

TN

37067

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00910984

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

TN

07

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 / 09 / 2025in the
State of

TN

(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 / 2025

through

M M / D D / Y Y Y Y
09 / 17 / 2025*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 BOLES, JASON, D, ,

Signature of Treasurer

BOLES, JASON, D, ,

Date

M M / D D / Y Y Y Y
09 / 25 / 2025

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

FOLEY FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 17 / 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))....	71278.00	71278.00
(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))	71278.00	71278.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	269435.60	269435.60
(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))	269435.60	269435.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	123917.40	
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)	339403.99	

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

FOLEY FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 17 / 2025**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).....

68700.00

68700.00

(ii) Unitemized

2578.00

2578.00

(iii) TOTAL of contributions
from individuals ▶

71278.00

71278.00

(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))..

71278.00

71278.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

325000.00

325000.00

(b) All Other Loans.....

0.00

0.00

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

325000.00

325000.00

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)..... ▶

396278.00

396278.00

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.....

269435.60

269435.60

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

2925.00

2925.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

272360.60

272360.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

0.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

396278.00

25. SUBTOTAL (add Line 23 and Line 24).....

396278.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

272360.60

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

123917.40

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 47

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

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)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

BAYUK, FRANK, , ,

A. Mailing Address 437 PINECREST RDCity
ATLANTAState
GAZip Code
30342FEC ID number of contributing
federal political committee.

C

Name of Employer
BPOccupation
ATTORNEY

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	5

Transaction ID : A-10

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CARTEE, JAMES, , ,

B. Mailing Address 1113 WATKINS CREEK DRCity
FRANKLINState
TNZip Code
37067FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	5		2	0	2	5

Transaction ID : A-100

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MILLER, JOHN, , ,

C. Mailing Address 97536 PIRATES POINT RDCity
YULEEState
FLZip Code
32097FEC ID number of contributing
federal political committee.

C

Name of Employer
PLAINS DEDICATEDOccupation
TRUCKING

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	5

Transaction ID : A-107

Amount of Each Receipt this Period

1000.00

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

2500.00

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 47

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

GRUBB, ROBERT, , ,

A.

Mailing Address 8576 NIWOT MEADOW FARM RD

City
LONGMONT

State
CO

Zip Code
80503

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 19 2025

Transaction ID : A-108

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GOODMAN, BARRY, , ,

B.

Mailing Address 725 MEDLEY ST

City
INLET BEACH

State
FL

Zip Code
32461

FEC ID number of contributing
federal political committee.

C

Name of Employer
JCG VENTURES OF CLARKSVILLE, LLC

Occupation
HEALTHCARE

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 20 2025

Transaction ID : A-109

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DAVENPORT, JOHN, , ,

C.

Mailing Address 137 ROUNDWOOD DR

City
INLET BEACH

State
FL

Zip Code
32461

FEC ID number of contributing
federal political committee.

C

Name of Employer
DAVENPORT PBH LLC

Occupation
INVESTMENT MANAGEMENT

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 22 2025

Transaction ID : A-115

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1100.00

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

ALLEN, DANA, , ,

A.

Mailing Address 1428 MOCKINGBIRD VALLEY GREEN

City

LOUISVILLE

State

KY

Zip Code

40207

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 09 2025

Transaction ID : A-12

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

LOVELL, HERMAN, , ,

Mailing Address 810 OAK MEADOW DR

City

FRANKLIN

State

TN

Zip Code

37068

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 27 2025

Transaction ID : A-121

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

SAIN, RICK, , ,

Mailing Address 2719 JAMES EDMON CT

City

MURFREESBORO

State

TN

Zip Code

37129

FEC ID number of contributing
federal political committee.

C

Name of Employer

REEVES SAIN DRUG STORE

Occupation

PHARMACIST

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 02 2025

Transaction ID : A-122

Amount of Each Receipt this Period

2500.00

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

4500.00

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

FOLEY, JOHN, , ,

A.Mailing Address 10140 E COUNTY HWY 30A
UNIT 24City
INLET BEACHState
FLZip Code
32461FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		02		2025

Transaction ID : A-123

Amount of Each Receipt this Period

3500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

YURJEVICH, STEVE, , ,

Mailing Address 213 WINBURN LN

City
FRANKLINState
TNZip Code
37069FEC ID number of contributing
federal political committee.

C

Name of Employer
OPTUMOccupation
CEO

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		02		2025

Transaction ID : A-126

Amount of Each Receipt this Period

3500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

GRASSI, CARMINE, , ,

Mailing Address 4002 LAURAWOOD LN

City
FRANKLINState
TNZip Code
37067FEC ID number of contributing
federal political committee.

C

Name of Employer
INFINITI OF COOL SPRINGSOccupation
OWNER

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		10		2025

Transaction ID : A-13

Amount of Each Receipt this Period

3500.00

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

10500.00

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

DESMOND, LISA, , ,

A.

Mailing Address 6917 OWENDALE LN., COLLEGE GROVE\,

City

COLLEGE GROVE

State

TN

Zip Code

37046

FEC ID number of contributing
federal political committee.

C

Name of Employer

LEMONGRASS CONSULTING

Occupation

MARKETING

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2025

03

2025

Transaction ID : A-133

Amount of Each Receipt this Period

3500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

DODD, JOHN, , ,

Mailing Address 1122 WOODVALE DRIVE

City

NASHVILLE

State

TN

Zip Code

37204

FEC ID number of contributing
federal political committee.

C

Name of Employer

BLUE TRUST

Occupation

HEALTHCARE OPERATIONS EXECUTIVE

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 03 / 2025

03

2025

Transaction ID : A-135

Amount of Each Receipt this Period

250.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

BOISJOLY, JAMES, , ,

Mailing Address 6917 OWENDALE LN

City

COLLEGE GROVE

State

TN

Zip Code

37046

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 04 / 2025

04

2025

Transaction ID : A-137

Amount of Each Receipt this Period

3500.00

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

7250.00

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)

PAGE 10 OF 47

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

COURTNEY, BILL, , ,

A.

Mailing Address 642 S WILLETT ST

City

MEMPHIS

State

TN

Zip Code

38104

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLASSIC AMERICAN HARDWOODS, INC

Occupation

CEO

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	5

Transaction ID : A-14

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

LIVINGSTON, ROBERT, , ,

Mailing Address 170 WALNUT STREET, 5-C
5-C

City

NEW ORLEANS

State

LA

Zip Code

70118

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE LIVINGSTON GROUP

Occupation

CONSULTANT

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	2	5

Transaction ID : A-143

Amount of Each Receipt this Period

500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

TURNKEY SALES LLC

Mailing Address 1257 TRI COUNTY BOULEVARD

City

OLIVER SPRINGS

State

TN

Zip Code

37840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	2	5

Transaction ID : A-144

Amount of Each Receipt this Period

3500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

5000.00

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

PAGE 11 OF 47

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

RUTHERFORD, ZACHARY, , ,

A.Mailing Address 1025 FIRST ST SE
403

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing
federal political committee.

C

Name of Employer

CROSSROADS HEALTHCARE

Occupation

VP FOR GOV AFFAIRS

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	2	5

Transaction ID : A-146

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BUNNING, KATELYN, , ,

B.

Mailing Address 2140 WOODMONT DR

City

LEXINGTON

State

KY

Zip Code

40502

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE GOVERNMENT AFFAIRS

Occupation

CONSULTANT

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	5

Transaction ID : A-15

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FOLEY, THOMAS, , ,

C.

Mailing Address 5955 SOUTH RACE COURT

City

CENTENNIAL

State

CO

Zip Code

80121

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	5

Transaction ID : A-16

Amount of Each Receipt this Period

4000.00

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

4750.00

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)

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

CARRIGAN, GARY, , ,

A.

Mailing Address 108 SONTAG DRIVE

City

FRANKLIN

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
SLEEP ACCESS,LLC

Occupation
DIRECTOR OF MARKETING

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 16 2025

Transaction ID : A-169

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FOLEY, THOMAS, , ,

B.

Mailing Address 5955 SOUTH RACE COURT

City

CENTENNIAL

State

CO

Zip Code

80121

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 10 2025

Transaction ID : A-17

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BARBER, SCOT, , ,

C.

Mailing Address 95 SEASTONE CT

City

INLET BEACH

State

FL

Zip Code

32461

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 10 2025

Transaction ID : A-18

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

2000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

JUNGHANS, CHRIS, , ,

A.

Mailing Address 1117 WATKINS CREEK DR

City

FRANKLIN

State

TN

Zip Code

37067

FEC ID number of contributing
federal political committee.

C

Name of Employer

ONE ONE THREE GROUP

Occupation

CONSULTANT

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 10 2025

Transaction ID : A-19

Amount of Each Receipt this Period

250.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

FOLEY, JIM, , ,

Mailing Address 4024 BLOSSOM TRAIL LN

City

FRANKLIN

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer

CLARISHEALTH

Occupation

HEALTHCARE TECHNOLOGY EXECUTIVE

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 10 2025

Transaction ID : A-20

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

MCALLISTER, LEANNE, , ,

Mailing Address 403 REIGH CT

City

FRANKLIN

State

TN

Zip Code

37069

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

MASSAGE THERAPIST

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 10 2025

Transaction ID : A-22

Amount of Each Receipt this Period

3500.00

☐ Memo Item

4750.00

SUBTOTAL of Receipts This Page (optional)..... ▶**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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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

CARMACK, TERRY, , ,

A.

Mailing Address 3103 CRESTMOOR COURT

City

PROSPECT

State

KY

Zip Code

40059

FEC ID number of contributing
federal political committee.

C

Name of Employer

US SENATE

Occupation

CHIEF OF STAFF

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	2	5

Transaction ID : A-23

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SOHR, SCOTT, , ,

B.

Mailing Address 645 GRASSMERE PARK DR

City

NASHVILLE

State

TN

Zip Code

37211

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	1		2	0	2	5

Transaction ID : A-24

Amount of Each Receipt this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CONDON, PATRICK, , ,

C.

Mailing Address 7208 BURTONWOOD DRIVE

City

ALEXANDRIA

State

VA

Zip Code

22307

FEC ID number of contributing
federal political committee.

C

Name of Employer

BOOZ ALLEN HAMILTON

Occupation

CONSULTANT

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	2		2	0	2	5

Transaction ID : A-27

Amount of Each Receipt this Period

2000.00

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

10000.00

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

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

COURTNEY, WILLIAM, , ,

A.

Mailing Address 642 S WILLETT ST

City

MEMPHIS

State

TN

Zip Code

38104

FEC ID number of contributing
federal political committee.

C

Name of Employer

U.S. HOUSE OF REPRESENTATIVES

Occupation

CHIEF OF STAFF

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 08 2025

Transaction ID : A-3

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BENHAM, JIM, , ,

B.

Mailing Address 6920 SHINNECOCK HILL LN

City

CHARLOTTE

State

NC

Zip Code

28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

BENHAM BUILDERS

Occupation

PRESIDENT

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 13 2025

Transaction ID : A-33

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

TAYLOR, MICHAEL, , ,

C.

Mailing Address 808 NORTH GARFIELD STREET

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTER-AMERICAN DEVELOPMENT BANK

Occupation

ENTERPRISE SOLUTIONS GROUP LEADER

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 13 2025

Transaction ID : A-36

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2350.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

JOHNSON BAILEY, TONYA, , ,

A.

Mailing Address 219 BLAKELY DREW BLVD

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
REAL ESTATE

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 14 2025

Transaction ID : A-60

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HOBBS, DEBBIE, , ,

B.

Mailing Address 1923 MT ISLE HARBOR DR

City

CHARLOTTE

State

NC

Zip Code

28214

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 14 2025

Transaction ID : A-62

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CASENHISER, CHRISTOPHER, , ,

C.

Mailing Address 203 LAS ROBLAS GRANDE DR

City

SANTA ROSA BEACH

State

FL

Zip Code

32459

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 15 2025

Transaction ID : A-63

Amount of Each Receipt this Period

1500.00

☐ Memo Item

2750.00

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

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

SWEENEY, GENE, , ,

A.

Mailing Address 1401 SOUTHERN POINT CT

City

PANAMA CITY BEACH

State

FL

Zip Code

32413

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 15 2025

Transaction ID : A-64

Amount of Each Receipt this Period

250.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

MARTIN, J ALLEN, , ,

Mailing Address 10095 LAWYERS RD

City

VIENNA

State

VA

Zip Code

22181

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE LIVINGSTON GROUP

Occupation

MAN PARTNER

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 20 2025

Transaction ID : A-66

Amount of Each Receipt this Period

3500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

MCCRAY, RANDY, , ,

Mailing Address 326 NELSON ST NW

City

MARIETTA

State

GA

Zip Code

30064

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RESTAURANT OWNER

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 22 2025

Transaction ID : A-68

Amount of Each Receipt this Period

2000.00

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

5750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

BROWN, REAGAN, , ,

A.

Mailing Address 8516 IRVINGTON AVENUE

City

BETHESDA

State

MD

Zip Code

20817

FEC ID number of contributing
federal political committee.

C

Name of Employer

MAIN STREET

Occupation

FOLEY'S CHIEF OF STAFF

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2025D D / Y Y Y Y Y
23 / 2025Y Y Y Y Y
2025

Transaction ID : A-69

Amount of Each Receipt this Period

250.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

FORTIN, JIM, , ,

Mailing Address 1101 SAWGRASS CT

202

City

PANAMA CITY BEACH

State

FL

Zip Code

32413

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 09 / 2025D D / Y Y Y Y Y
09 / 2025Y Y Y Y Y
2025

Transaction ID : A-7

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

MASON, VICTORIA, , ,

Mailing Address 603 ROBERT DANIEL DR

UNIT 3204

City

CHARLESTON

State

SC

Zip Code

29492

FEC ID number of contributing
federal political committee.

C

Name of Employer

SFG

Occupation

OPERATIONS

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 24 / 2025D D / Y Y Y Y Y
24 / 2025Y Y Y Y Y
2025

Transaction ID : A-70

Amount of Each Receipt this Period

500.00

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

1750.00

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

PYLE, JASON, , ,

A.

Mailing Address 6030 BLACKWELL LN

City

FRANKLIN

State

TN

Zip Code

37064

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARVEY NASH, INCOccupation
MANAGING DIRECTOR

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 24 2025

Transaction ID : A-72

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

MAY, PHILL, , ,

Mailing Address 46 N SPANISH TOWN LN
PO BOX 611625

City

ROSEMARY BEACH

State

FL

Zip Code

32461

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWO OAK ENERGY CAPITALOccupation
PRINCIPAL

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A-76

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

SCHNEIDER, BETHANY, , ,

Mailing Address 1100 CIRCLE 75 PKWY #875

City

ATLANTA

State

GA

Zip Code

30339

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCHNEIDER INJURY LAWOccupation
ATTORNEY

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 09 2025

Transaction ID : A-8

Amount of Each Receipt this Period

500.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

2500.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

MILAZZO, ME, , ,

A.

Mailing Address 9 MULBROOK

LANE

City

MONTVILLE

State

NJ

Zip Code

07082

FEC ID number of contributing
federal political committee.

C

Name of Employer

RAYMOND JAMES

Occupation

FINANCIAL ADVISOR

Receipt For: 2025

☐ Primary ☐ General

☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 10 2025

Transaction ID : A-91

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FROMMER, RICH, , ,

B.

Mailing Address 61 FAIRWAY LN

City

LITTLETON

State

CO

Zip Code

80123-6648

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary ☐ General

☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 11 2025

Transaction ID : A-94

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RANKIN, LUKE, , ,

C.

Mailing Address 3745 WATERFORD DR

City

MYRTLE BEACH

State

SC

Zip Code

29577

FEC ID number of contributing
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

UNEMPLOYED

Receipt For: 2025

☐ Primary ☐ General

☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 12 2025

Transaction ID : A-95

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

1250.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

FOLEY, STEPHANIE, , ,

A.

Mailing Address 5955 SOUTH RACE COURT

City

CENTENNIAL

State

CO

Zip Code

80121

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 10 2025

Transaction ID : A-162

Amount of Each Receipt this Period

1000.00

☒ Memo Item

REATTRIBUTION TO

B.

Full Name (Last, First, Middle Initial)

FOLEY, THOMAS, , ,

Mailing Address 5955 SOUTH RACE COURT

City

CENTENNIAL

State

CO

Zip Code

80121

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 10 2025

Transaction ID : A-163

Amount of Each Receipt this Period

- 1000.00

☒ Memo Item

REATTRIBUTION FROM

C.

Full Name (Last, First, Middle Initial)

FOLEY, STEPHANIE, , ,

Mailing Address 5955 SOUTH RACE COURT

City

CENTENNIAL

State

CO

Zip Code

80121

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 10 2025

Transaction ID : A-164

Amount of Each Receipt this Period

500.00

☒ Memo Item

REATTRIBUTION TO

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

0.00

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)

PAGE 22 OF 47

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

FOLEY, THOMAS, , ,

A.

Mailing Address 5955 SOUTH RACE COURT

City

CENTENNIAL

State

CO

Zip Code

80121

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 10 2025

Transaction ID : A-165

Amount of Each Receipt this Period

- 500.00

☒ Memo Item

REATTRIBUTION FROM

B.

Full Name (Last, First, Middle Initial)

SOHR, LYNN, , ,

Mailing Address 645 GRASSMERE PARK DR

City

NASHVILLE

State

TN

Zip Code

37211

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 11 2025

Transaction ID : A-160

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REATTRIBUTION TO

C.

Full Name (Last, First, Middle Initial)

SOHR, SCOTT, , ,

Mailing Address 645 GRASSMERE PARK DR

City

NASHVILLE

State

TN

Zip Code

37211

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 11 2025

Transaction ID : A-161

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REATTRIBUTION FROM

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

0.00

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 23 OF 47

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

GREEN, KAREN, A, ,

A.

Mailing Address 1257 TRI COUNTY BOULEVARD

City

OLIVER SPRINGS

State

TN

Zip Code

37840

FEC ID number of contributing
federal political committee.

C

Name of Employer
TURNKEY SALES

Occupation
OWNER

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1785.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 09 2025

Transaction ID : A-238

Amount of Each Receipt this Period

1785.00

☒ Memo Item

MEMO: SPLIT OF-TURNKEY SALES LLC

Full Name (Last, First, Middle Initial)

HUBBARD, JOSEPH, , ,

B.

Mailing Address 1257 TRI COUNTY BOULEVARD

City

OLIVER SPRINGS

State

TN

Zip Code

37840

FEC ID number of contributing
federal political committee.

C

Name of Employer
TURNKEY SALES

Occupation
PARTNER

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

1365.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 09 2025

Transaction ID : A-239

Amount of Each Receipt this Period

1365.00

☒ Memo Item

MEMO: SPLIT OF-TURNKEY SALES LLC

Full Name (Last, First, Middle Initial)

MCCLURE, CASEY, , ,

C.

Mailing Address 1257 TRI COUNTY BOULEVARD

City

OLIVER SPRINGS

State

TN

Zip Code

37840

FEC ID number of contributing
federal political committee.

C

Name of Employer
TURNKEY SALES

Occupation
OWNER

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 09 2025

Transaction ID : A-240

Amount of Each Receipt this Period

350.00

☒ Memo Item

MEMO: SPLIT OF-TURNKEY SALES LLC

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

0.00

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

68700.00

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

PAGE 24 OF 47

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

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

FOLEY, MASON, , ,

A.Mailing Address 2000 MALLORY LANE
290-1110City
FRANKLINState
TNZip Code
37067FEC ID number of contributing
federal political committee.**C** H6TN07211Name of Employer
MAIN STREET RURAL HEALTHOccupation
DIRECTOR

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

325000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	2	5

Transaction ID : A-154

Amount of Each Receipt this Period

295000.00

☐ Memo Item

LOAN FROM PERSONAL FUNDS OF CANDIDATE

B.

Full Name (Last, First, Middle Initial)

FOLEY, MASON, , ,

Mailing Address 2000 MALLORY LANE
290-1110City
FRANKLINState
TNZip Code
37067FEC ID number of contributing
federal political committee.**C** H6TN07211Name of Employer
MAIN STREET RURAL HEALTHOccupation
DIRECTOR

Receipt For: 2025

☐ Primary ☐ General
☒ Other (specify) ▼

SPECIAL-2025

Election Cycle-to-Date ▼

30000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	2	5

Transaction ID : A-97

Amount of Each Receipt this Period

30000.00

☐ Memo Item

LOAN FROM PERSONAL FUNDS OF CANDIDATE

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

Amount of Each Receipt this Period

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

325000.00

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

325000.00

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

PAGE 25 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CATO CONSULTING GROUP, LLC

Mailing Address 420 NORTH RUTLAND STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2025

City
WICHITAState
KSZip Code
67206

FEC Identification Number

C

Purpose of Disbursement
GENERAL STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6500.00

Transaction ID : B-159

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2025

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State:

District:

SPECIAL-2025

Full Name (Last, First, Middle Initial)

B. CATO CONSULTING GROUP, LLC

Mailing Address 420 NORTH RUTLAND STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2025

City
WICHITAState
KSZip Code
67206

FEC Identification Number

C

Purpose of Disbursement
GENERAL STRATEGY CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6500.00

Transaction ID : B-99

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2025

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State:

District:

SPECIAL-2025

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		15		2025

City
NEW ORLEANSState
LAZip Code
70112

FEC Identification Number

C

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

003

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

50.90

Transaction ID : B-105

☐ Memo Item

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2025

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State:

District:

SPECIAL-2025

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

13050.90

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 26 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS STREET

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

003

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State: District: SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

93.50

Transaction ID : B-119

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS STREET

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

003

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State: District: SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

44.60

Transaction ID : B-132

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS STREET

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

003

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State: District: SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

687.00

Transaction ID : B-148

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

825.10

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 27 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS STREET

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

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

38.90

Transaction ID : B-173

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS STREET

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

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1303.24

Transaction ID : B-38

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS STREET

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

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

269.80

Transaction ID : B-75

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

1611.94

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 28 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS STREET

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

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

197.90

Transaction ID : B-84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS STREET

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

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

4.68

Transaction ID : B-90

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS STREET

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

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.30

Transaction ID : B-93

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

222.88

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 29 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GOODMAN, GRIFFIN, , ,

Mailing Address 623 HUNTERS OAKS LANE

City
BRENTWOODState
TNZip Code
37027Purpose of Disbursement
CAMPAIGN MANAGEMENT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B-117

☐ Memo Item**B. GOODMAN, GRIFFIN, , ,**

Mailing Address 623 HUNTERS OAKS LANE

City
BRENTWOODState
TNZip Code
37027Purpose of Disbursement
CAMPAIGN MANAGEMENT

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B-124

☐ Memo Item**C. SALIENT STRATEGY & DESIGN**

Mailing Address 4033 WILLIFORD CROSSING ROAD NORTH

City
SPRING HILLState
TNZip Code
37174Purpose of Disbursement
GRAPHICAL CONSULTING (LOGO/SIGNAGE)

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

845.00

Transaction ID : B-150

☒ Memo Item MEMO: DEBT SUBVENDOR OF GRIFFIN GOODMAN**SUBTOTAL** of Disbursements This Page (optional).....▶

4000.00

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)

PAGE 30 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GOODMAN, GRIFFIN, , ,

Mailing Address 623 HUNTERS OAKS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2025

City
BRENTWOODState
TNZip Code
37027

FEC Identification Number

C

Purpose of Disbursement
MILEAGE REIMBURSEMENT

002

Amount of Each Disbursement this Period

845.00

Transaction ID : B-152

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2025

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State:

District:

SPECIAL-2025

Full Name (Last, First, Middle Initial)

B. GOODMAN, GRIFFIN, , ,

Mailing Address 623 HUNTERS OAKS LANE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		15		2025

City
BRENTWOODState
TNZip Code
37027

FEC Identification Number

C

Purpose of Disbursement
MILEAGE REIMBURSEMENT

002

Amount of Each Disbursement this Period

674.87

Transaction ID : B-153

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2025

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State:

District:

SPECIAL-2025

Full Name (Last, First, Middle Initial)

C. HEXCODE MARKETING

Mailing Address 355 NORTH MOSLEY ST

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2025

City
WICHITAState
KSZip Code
67202

FEC Identification Number

C

Purpose of Disbursement
DIGITAL ADVERTISING

004

Amount of Each Disbursement this Period

35000.00

Transaction ID : B-110

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2025

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State:

District:

SPECIAL-2025

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

36519.87

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 31 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HEXCODE MARKETING

Mailing Address 355 NORTH MOSLEY ST

City
WICHITAState
KSZip Code
67202Purpose of Disbursement
DIGITAL CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : B-111

☐ Memo Item**B. HEXCODE MARKETING**

Mailing Address 355 NORTH MOSLEY ST

City
WICHITAState
KSZip Code
67202Purpose of Disbursement
DIGITAL ADVERTISING

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

35000.00

Transaction ID : B-170

☐ Memo Item**C. HEXCODE MARKETING**

Mailing Address 355 NORTH MOSLEY ST

City
WICHITAState
KSZip Code
67202Purpose of Disbursement
DIGITAL CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5000.00

Transaction ID : B-171

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

45000.00

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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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
POSTCARDS & POSTAGE

006

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

9576.82

Transaction ID : B-157

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
PALM CARDS

006

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

344.33

Transaction ID : B-183

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
DOOR HANGERS

006

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

413.87

Transaction ID : B-184

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

10335.02

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 33 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
DOOR HANGERS

006

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

127.72

Transaction ID : B-185

☐ Memo Item**B. MINUTEMAN PRESS**

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
DOOR HANGERS

006

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3078.95

Transaction ID : B-186

☐ Memo Item**C. MINUTEMAN PRESS**

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
POSTCARDS

006

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1470.32

Transaction ID : B-187

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

4676.99

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 34 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
DOOR HANGERS

006

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

195.88

Transaction ID : B-188

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
POSTCARDS

006

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

121.82

Transaction ID : B-189

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MINUTEMAN PRESS

Mailing Address 415 SPENCE LANE

City
NASHVILLEState
TNZip Code
37210Purpose of Disbursement
POSTCARDS

006

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

5113.79

Transaction ID : B-190

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

5431.49

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 35 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. NASH CREATIVE HOUSE LLC

Mailing Address 179 ANTIOCH PIKE

City
NASHVILLEState
TNZip Code
37211Purpose of Disbursement
VIDEO PRODUCTION

004

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B-116

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NASH CREATIVE HOUSE LLC

Mailing Address 179 ANTIOCH PIKE

City
NASHVILLEState
TNZip Code
37211Purpose of Disbursement
PHOTO AND VIDEO SERVICES

004

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : B-67

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PUBLIC OPINION STRATEGIES

Mailing Address 214 NORTH FAYETTE STREET

City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
POLLING

005

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15000.00

Transaction ID : B-191

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

17500.00

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)

PAGE 36 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TABULARIUS COMPLIANCEMailing Address 126 C STREET NW
THIRD FLOORCity
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1700.00

Transaction ID : B-130

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TABULARIUS COMPLIANCEMailing Address 126 C STREET NW
THIRD FLOORCity
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1699.00

Transaction ID : B-86

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TABULARIUS COMPLIANCEMailing Address 126 C STREET NW
THIRD FLOORCity
WASHINGTONState
DCZip Code
20001Purpose of Disbursement
COMPLIANCE AND ETHICS CONSULTING - REGULATORY REPORTING

001

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1700.00

Transaction ID : B-87

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

5099.00

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)

PAGE 37 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THRESHOLD STRATEGIESMailing Address 6175 HICKORY FLAT HWY
110-401City
CANTONState
GAZip Code
30115Purpose of Disbursement
CANVASSING SERVICES

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

37499.76

Transaction ID : B-155

☐ Memo Item**B. TOTAL VIDEO PLACEMENTS (FLEXPOINT MEDIA)**

Mailing Address PO BOX 86

City
MOUNT VERNONState
VAZip Code
22121Purpose of Disbursement
TELEVISION ADVERTISEMENTS

004

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

80406.00

Transaction ID : B-158

☐ Memo Item**C. TRIUMPH COMMUNICATIONS, INC**

Mailing Address 720 GILLESPIE STREET

City
JACKSONState
MSZip Code
39202Purpose of Disbursement
FUNDRAISING CONSULTING

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3943.07

Transaction ID : B-101

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

121848.83

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 38 OF 47

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TRIUMPH COMMUNICATIONS, INC

Mailing Address 720 GILLESPIE STREET

City
JACKSONState
MSZip Code
39202Purpose of Disbursement
FUNDRAISING CONSULTING

003

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2025

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input checked="" type="checkbox"/>	Other (specify) ▼		

State:

District:

SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3066.45

Transaction ID : B-82

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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:

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).....▶

3066.45

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

269188.47

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

PAGE 39 OF 47

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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)

FOLEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNTMailing Address 95 WHITE BRIDGE RD
SUITE 414City
NASHVILLEState
TNZip Code
37205-1488Purpose of Disbursement
QUALIFYING FEE

011

Candidate Name
TENNESSEE REPUBLICAN PARTY FEDERAL ELECTION ACCOUNTCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2025
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: SPECIAL-2025

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

FEC Identification Number

C C00040220

Amount of Each Disbursement this Period

2500.00

Transaction ID : B-219

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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).....▶

2500.00

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

2500.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 40 OF 47

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-154

FOLEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2025

FOLEY, MASON, , ,

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Mailing Address

2000 MALLORY LANE
290-1110

City

FRANKLIN

State

TN

ZIP Code

37067

☒ Personal Funds of the Candidate

Original Amount of Loan

295000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

295000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 12 / 2025

M M / D D / Y Y Y Y

12/31/2025

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).....▶

295000.00

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)
LOANS

PAGE 41 OF 47

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C-97

FOLEY FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election: 2025

☐ Primary☐ General☒ Other (specify) ▼

SPECIAL-2025

Mailing Address

2000 MALLORY LANE
290-1110

City

FRANKLIN

State

TN

ZIP Code

37067

☒ Personal Funds of the Candidate

Original Amount of Loan

30000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

30000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 12 / 2025

M M / D D / Y Y Y Y

12/31/2025

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).....▶

30000.00

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

325000.00

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

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

PAGE 42 OF 47

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

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

BALLOT BRAIN LLC

Nature of Debt (Purpose):

VIDEO PRODUCTION

Mailing Address 5900 BALCONES DRIVE
SUITE 21065City
AUSTINState
TXZip Code
78731

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-193

Amount Incurred This Period

1904.07

Payment This Period

0.00

Outstanding Balance at Close of This Period

1904.07

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

CATO CONSULTING GROUP, LLC

Nature of Debt (Purpose):

GENERAL STRATEGY CONSULTING

Mailing Address 420 NORTH RUTLAND STREET

City
WICHITAState
KSZip Code
67206

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-136

Amount Incurred This Period

6500.00

Payment This Period

6500.00

Outstanding Balance at Close of This Period

0.00

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

GOODMAN, GRIFFIN, , ,

Nature of Debt (Purpose):

MILEAGE REIMBURSEMENT

Mailing Address 623 HUNTERS OAKS LANE

City
BRENTWOODState
TNZip Code
37027

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-142

Amount Incurred This Period

674.87

Payment This Period

674.87

Outstanding Balance at Close of This Period

0.00

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

1904.07

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

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

PAGE 43 OF 47

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

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

GOODMAN, GRIFFIN, , ,

Nature of Debt (Purpose):

MILEAGE REIMBURSEMENT

Mailing Address 623 HUNTERS OAKS LANE

City

BRENTWOOD

State

TN

Zip Code

37027

Outstanding Balance Beginning This Period

0.00

Transaction ID : **D-149**

Amount Incurred This Period

845.00

Payment This Period

845.00

Outstanding Balance at Close of This Period

0.00

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

HEXCODE MARKETING

Nature of Debt (Purpose):

DIGITAL ADVERTISING

Mailing Address 355 NORTH MOSLEY ST

City

WICHITA

State

KS

Zip Code

67202

Outstanding Balance Beginning This Period

0.00

Transaction ID : **D-102**

Amount Incurred This Period

35000.00

Payment This Period

35000.00

Outstanding Balance at Close of This Period

0.00

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

HEXCODE MARKETING

Nature of Debt (Purpose):

DIGITAL CONSULTING

Mailing Address 355 NORTH MOSLEY ST

City

WICHITA

State

KS

Zip Code

67202

Outstanding Balance Beginning This Period

0.00

Transaction ID : **D-103**

Amount Incurred This Period

5000.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

PAGE 44 OF 47

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

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

HEXCODE MARKETING

Nature of Debt (Purpose):

DIGITAL CONSULTING

Mailing Address 355 NORTH MOSLEY ST

City

WICHITA

State

KS

Zip Code

67202

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-167

Amount Incurred This Period

5000.00

Payment This Period

5000.00

Outstanding Balance at Close of This Period

0.00

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

HEXCODE MARKETING

Nature of Debt (Purpose):

DIGITAL ADVERTISING

Mailing Address 355 NORTH MOSLEY ST

City

WICHITA

State

KS

Zip Code

67202

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-168

Amount Incurred This Period

35000.00

Payment This Period

35000.00

Outstanding Balance at Close of This Period

0.00

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

MINUTEMAN PRESS

Nature of Debt (Purpose):

POSTCARDS & POSTAGE

Mailing Address 415 SPENCE LANE

City

NASHVILLE

State

TN

Zip Code

37210

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-156

Amount Incurred This Period

9576.82

Payment This Period

9576.82

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

PAGE 45 OF 47

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

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

MINUTEMAN PRESS

Nature of Debt (Purpose):

DOOR HANGERS

Mailing Address 415 SPENCE LANE

City

NASHVILLE

State

TN

Zip Code

37210

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-178

Amount Incurred This Period

3078.95

Payment This Period

3078.95

Outstanding Balance at Close of This Period

0.00

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

MINUTEMAN PRESS

Nature of Debt (Purpose):

POSTCARDS

Mailing Address 415 SPENCE LANE

City

NASHVILLE

State

TN

Zip Code

37210

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-179

Amount Incurred This Period

1470.32

Payment This Period

1470.32

Outstanding Balance at Close of This Period

0.00

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

MINUTEMAN PRESS

Nature of Debt (Purpose):

POSTCARDS

Mailing Address 415 SPENCE LANE

City

NASHVILLE

State

TN

Zip Code

37210

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-182

Amount Incurred This Period

5113.79

Payment This Period

5113.79

Outstanding Balance at Close of This Period

0.00

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

0.00

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

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

PAGE 46 OF 47

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

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

PUBLIC OPINION STRATEGIES

Nature of Debt (Purpose):

POLLING

Mailing Address 214 NORTH FAYETTE STREET

City

ALEXANDRIA

State

VA

Zip Code

22314

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-141

Amount Incurred This Period

15000.00

Payment This Period

15000.00

Outstanding Balance at Close of This Period

0.00

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

THRESHOLD STRATEGIES

Nature of Debt (Purpose):

CANVASSING SERVICES

Mailing Address 6175 HICKORY FLAT HWY
110-401

City

CANTON

State

GA

Zip Code

30115

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-138

Amount Incurred This Period

37499.76

Payment This Period

37499.76

Outstanding Balance at Close of This Period

0.00

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

THRESHOLD STRATEGIES

Nature of Debt (Purpose):

CANVASSING SERVICES

Mailing Address 6175 HICKORY FLAT HWY
110-401

City

CANTON

State

GA

Zip Code

30115

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-192

Amount Incurred This Period

12499.92

Payment This Period

0.00

Outstanding Balance at Close of This Period

12499.92

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

12499.92

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

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

PAGE 47 OF 47

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

NAME OF COMMITTEE (In Full)

FOLEY FOR CONGRESS

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

TRIUMPH COMMUNICATIONS, INC

Nature of Debt (Purpose):

FUNDRAISING CONSULTING

Mailing Address 720 GILLESPIE STREET

City
JACKSONState
MSZip Code
39202

Outstanding Balance Beginning This Period

0.00

Transaction ID : D-81

Amount Incurred This Period

3066.45

Payment This Period

3066.45

Outstanding Balance at Close of This Period

0.00

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

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

0.00

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

14403.99

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

325000.00

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

339403.99