

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 John Rose for Tennessee

ADDRESS (number and street) PO Box 2404 Check if different than previously reported. (ACC) Cookeville TN 38502 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00652743 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE TN DISTRICT 06

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE) Termination Report (TER)

(b) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S) Election on MM/DD/YYYY in the State of (c) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on MM/DD/YYYY in the State of

5. Covering Period MM/01/DD/01/YYYY 2026 through MM/03/DD/31/YYYY 2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Baker, Phillip, , , Signature of Treasurer Baker, Phillip, , , Date MM/04/DD/15/YYYY 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**John Rose for Tennessee**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	4182.99	96276.96
(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)).....	4182.99	96276.96
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	11627.62	235719.40
(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)).....	11627.62	235719.40
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	<b>57830.02</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	<b>150808.25</b>	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**John Rose for Tennessee**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1580.01	52851.60
(ii) Unitemized.....	102.98	25125.36
(iii) TOTAL of contributions from individuals ▶	1682.99	77976.96
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	18300.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4182.99	96276.96
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	12000.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	4182.99	108276.96

**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.....	11627.62	235719.40
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	1050000.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	1050000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	17980.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	11627.62	1303699.40

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	65274.65
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4182.99
25. SUBTOTAL (add Line 23 and Line 24).....	69457.64
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	11627.62
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	57830.02

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 46	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 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)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
GAUGHAN, MICHAEL, J., ,

Mailing Address 120 ASHLAND POINT

City HENDERSONVILLE	State TN	Zip Code 37075-5544
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FEC ID number of contributing federal political committee. **C**

Name of Employer REMAX/CHOICE PROPERTIES	Occupation REAL ESTATE SALES
---	---------------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
939.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 12 / 2026

**Transaction ID : SA11A.57412**

Amount of Each Receipt this Period  
469.70

Memo Item  
CONTRIBUTION

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

Mailing Address 4660 SLEDGE ROAD

City CHRISTIANA	State TN	Zip Code 37037-5602
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FEC ID number of contributing federal political committee. **C**

Name of Employer RUTHERFORD CO. SCHOOLS	Occupation TEACHER
--	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 15 / 2026

**Transaction ID : SA11A.57311**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

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

Mailing Address 4660 SLEDGE ROAD

City CHRISTIANA	State TN	Zip Code 37037-5602
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FEC ID number of contributing federal political committee. **C**

Name of Employer RUTHERFORD CO. SCHOOLS	Occupation TEACHER
--	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 15 / 2026

**Transaction ID : SA11A.57372**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	499.70
<b>TOTAL</b> 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 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 61103.14

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2026

**Transaction ID : SA11C.57293**

Amount of Each Receipt this Period  
 43.08

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 125 JEFF AVENUE

City ASHBURN State GA Zip Code 31714-3734

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 424.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2026

**Transaction ID : SA11A.57294**

Amount of Each Receipt this Period  
 15.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 2200 DELPOND LANE

City CHARLOTTE State NC Zip Code 28226-6470

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 380.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2026

**Transaction ID : SA11A.57295**

Amount of Each Receipt this Period  
 23.75

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	38.75
<b>TOTAL</b> 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 7 OF 46	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
61103.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 09 / 2026

**Transaction ID : SA11C.57299**

Amount of Each Receipt this Period  
115.51

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 1115 BALES ST.

City CLEBURNE State TX Zip Code 76033-4312

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
265.54

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 05 / 2026

**Transaction ID : SA11A.57308**

Amount of Each Receipt this Period  
15.62

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 104 PEMBROKE POINTE DRIVE

City MADISON State MS Zip Code 39110-7900

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
212.53

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 05 / 2026

**Transaction ID : SA11A.57306**

Amount of Each Receipt this Period  
10.41

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	26.03
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 8 OF 46	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL, DAVID, , ,

Mailing Address 3406 MARYWOOD DR

City SPRING	State TX	Zip Code 77388-5176
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FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

M M / D D / Y Y Y Y Y Y
01 / 09 / 2026

**Transaction ID : SA11A.57300**

Amount of Each Receipt this Period

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

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

Mailing Address 14 WILMINGTO WAY

City CONROE	State TX	Zip Code 77384-4777
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FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID : SA11A.57303**

Amount of Each Receipt this Period

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

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

Mailing Address 11800 CYPRESS RD

City DIXON	State MO	Zip Code 65459-7212
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FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  

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

**Transaction ID : SA11A.57301**

Amount of Each Receipt this Period

Memo Item  
**CONTRIBUTION**  
**EARMARKED FROM WINRED**

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

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 46	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

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

Mailing Address P.O. BOX 9891

City: ARLINGTON State: VA Zip Code: 22219-1891

FEC ID number of contributing federal political committee: **C** C00694323

Name of Employer: Occupation:

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
61103.14

Date of Receipt: 01 / 16 / 2026

Transaction ID : SA11C.57312

Amount of Each Receipt this Period: 107.68

Memo Item CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 926 BAYNE RD

City: MALVERN State: AR Zip Code: 72104-5835

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation: RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
386.00

Date of Receipt: 01 / 16 / 2026

Transaction ID : SA11A.57314

Amount of Each Receipt this Period: 5.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 926 BAYNE RD

City: MALVERN State: AR Zip Code: 72104-5835

FEC ID number of contributing federal political committee: **C**

Name of Employer: Occupation: RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
386.00

Date of Receipt: 01 / 16 / 2026

Transaction ID : SA11A.57316

Amount of Each Receipt this Period: 15.00

Memo Item CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	20.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 10 OF 46	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
LITZINGER, VERNON, , ,

Mailing Address 975 LOCKE MOUNTAIN ROAD

City HOLLIDAYSBURG	State PA	Zip Code 16648-9117
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FEC ID number of contributing federal political committee.

Name of Employer PSI	Occupation EXECUTIVE
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57320**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address 4211 HIGH STAKES CIRCLE

City PARKTON	State NC	Zip Code 28371-9102
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FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57321**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address 3888 SHADY GROVE ROAD

City CLARKSVILLE	State TN	Zip Code 37043-7505
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FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57324**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="67.68"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value=""/>

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 46	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 61103.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 23 / 2026

**Transaction ID : SA11C.57327**

Amount of Each Receipt this Period  
131.51

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 2466HIBISCUS DRIVE

City HAYWARD State CA Zip Code 94545-4564

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 234.30

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 23 / 2026

**Transaction ID : SA11A.57329**

Amount of Each Receipt this Period  
15.62

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address PO BOX 154

City SEWARD State AK Zip Code 99664-0154

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 23 / 2026

**Transaction ID : SA11A.57328**

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	40.62
<b>TOTAL</b> 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: PAGE 12 OF 46  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
DICK, JONNA, , ,

Mailing Address PO BOX 154

City SEWARD State AK Zip Code 99664-0154

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 23 / 2026

Transaction ID : SA11A.57330

Amount of Each Receipt this Period  
25.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 3406 MARYWOOD DR

City SPRING State TX Zip Code 77388-5176

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
962.29

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 19 / 2026

Transaction ID : SA11A.57334

Amount of Each Receipt this Period  
26.03

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 1709 INDIAN WELLS AVE

City OCALA State FL Zip Code 34472-8401

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
355.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 21 / 2026

Transaction ID : SA11A.57333

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 66.03

**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 13 OF 46	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
STONER, BEVERLY, , ,

Mailing Address 624 E PRAIRIE ST

City LANARK	State IL	Zip Code 61046-1340
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 22 / 2026

**Transaction ID : SA11A.57331**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 624 E PRAIRIE ST

City LANARK	State IL	Zip Code 61046-1340
----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
210.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 02 / 2026

**Transaction ID : SA11A.57389**

Amount of Each Receipt this Period  
- 15.00

Memo Item  
CONTRIBUTION  
EARMARKED BY WINRED - CHARGED BACK

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

Mailing Address P.O. BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
61103.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 30 / 2026

**Transaction ID : SA11C.57337**

Amount of Each Receipt this Period  
179.76

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	0.00
<b>TOTAL</b> 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 14 OF 46	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
BARTON, JOHN, , ,

Mailing Address 8649 E GOLDEN CHOLLA CIR

City GOLD CANYON	State AZ	Zip Code 85118-6932
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57347**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address 23665 NORTH 534 ROAD

City TAHLEQUAH	State OK	Zip Code 74464-2104
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57340**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address 2500 WEST WILLIAM CANNON DR

City AUSTIN	State TX	Zip Code 78745-5257
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer SELF-EMPLOYED	Occupation WDIXARIO
-----------------------------------	------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57342**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="93.08"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value=""/>

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 46  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
MITCHELTREE, WILLIAM, , ,

Mailing Address 166 CANDY CIR

City WINTERVILLE	State GA	Zip Code 30683-3605
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57338**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address 12864 BISCAYNE BLVD

City N. MIAMI	State FL	Zip Code 33181-2007
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57343**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address 12864 BISCAYNE BLVD

City N. MIAMI	State FL	Zip Code 33181-2007
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57344**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

**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 16 OF 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
PRICE, STEPHEN, , ,

Mailing Address 6100 HORSESHOE BAR RD

City LOOMIS	State CA	Zip Code 95650-8537
----------------	-------------	------------------------

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

Name of Employer STEPHEN PRICE	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
416.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 24 / 2026

**Transaction ID : SA11A.57346**

Amount of Each Receipt this Period  
26.03

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
61103.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 06 / 2026

**Transaction ID : SA11C.57348**

Amount of Each Receipt this Period  
73.68

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 125 JEFF AVENUE

City ASHBURN	State GA	Zip Code 31714-3734
-----------------	-------------	------------------------

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

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
424.50

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 03 / 2026

**Transaction ID : SA11A.57353**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	41.03
<b>TOTAL</b> 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: PAGE 17 OF 46  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
HILL, SANDRA, , ,

Mailing Address 2200 DELPOND LANE

City CHARLOTTE State NC Zip Code 28226-6470

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
380.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 03 2026

Transaction ID : SA11A.57354

Amount of Each Receipt this Period  
23.75

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 1115 BALES ST.

City CLEBURNE State TX Zip Code 76033-4312

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
265.54

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 05 2026

Transaction ID : SA11A.57351

Amount of Each Receipt this Period  
15.62

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 104 PEMBROKE POINTE DRIVE

City MADISON State MS Zip Code 39110-7900

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
212.53

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 05 2026

Transaction ID : SA11A.57350

Amount of Each Receipt this Period  
10.41

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 49.78

**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 18 OF 46	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
61103.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 13 / 2026

**Transaction ID : SA11C.57358**

Amount of Each Receipt this Period  
151.20

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 975 LOCKE MOUNTAIN ROAD

City HOLLIDAYSBURG State PA Zip Code 16648-9117

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

Name of Employer Occupation  
PSI EXECUTIVE

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
416.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 13 / 2026

**Transaction ID : SA11A.57362**

Amount of Each Receipt this Period  
26.03

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 3406 MARYWOOD DR

City SPRING State TX Zip Code 77388-5176

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
962.29

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 09 / 2026

**Transaction ID : SA11A.57366**

Amount of Each Receipt this Period  
26.03

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	52.06
<b>TOTAL</b> 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 19 OF 46	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
MILLER, BONNIE, , ,

Mailing Address 14 WILMINGTO WAY

City CONROE	State TX	Zip Code 77384-4777
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57370**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address 1709 INDIAN WELLS AVE

City OCALA	State FL	Zip Code 34472-8401
---------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57367**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address 4211 HIGH STAKES CIRCLE

City PARKTON	State NC	Zip Code 28371-9102
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57363**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="46.24"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value=""/>

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 OF 46  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
WILSON, CONNIE, , ,

Mailing Address 3888 SHADY GROVE ROAD

City CLARKSVILLE State TN Zip Code 37043-7505

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
442.51

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 10 / 2026

Transaction ID : SA11A.57365

Amount of Each Receipt this Period  
26.03

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 11800 CYPRESS RD

City DIXON State MO Zip Code 65459-7212

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
265.54

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 08 / 2026

Transaction ID : SA11A.57368

Amount of Each Receipt this Period  
15.62

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
61103.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 20 / 2026

Transaction ID : SA11C.57373

Amount of Each Receipt this Period  
71.02

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 41.65

**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: PAGE 21 OF 46  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
DRAPER, RUBY, , ,

Mailing Address 926 BAYNE RD

City MALVERN State AR Zip Code 72104-5835

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
386.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2026

Transaction ID : SA11A.57377

Amount of Each Receipt this Period  
5.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 926 BAYNE RD

City MALVERN State AR Zip Code 72104-5835

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
386.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 16 / 2026

Transaction ID : SA11A.57378

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 3406 MARYWOOD DR

City SPRING State TX Zip Code 77388-5176

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
962.29

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 19 / 2026

Transaction ID : SA11A.57374

Amount of Each Receipt this Period  
26.03

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 46.03

**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: PAGE 22 OF 46  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
OFLYNN, ARMINDA, , ,

Mailing Address 12864 BISCAYNE BLVD

City N. MIAMI State FL Zip Code 33181-2007

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
831.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 14 / 2026

**Transaction ID : SA11A.57379**

Amount of Each Receipt this Period  
15.62

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
61103.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2026

**Transaction ID : SA11C.57380**

Amount of Each Receipt this Period  
134.63

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 8649 E GOLDEN CHOLLA CIR

City GOLD CANYON State AZ Zip Code 85118-6932

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2026

**Transaction ID : SA11A.57385**

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 30.62

**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 46
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
CANIO, THELMA, , ,

Mailing Address 2466HIBISCUS DRIVE

City HAYWARD	State CA	Zip Code 94545-4564
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57387**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address PO BOX 154

City SEWARD	State AK	Zip Code 99664-0154
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57386**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address PO BOX 154

City SEWARD	State AK	Zip Code 99664-0154
----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57388**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="65.62"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value=""/>

# 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 24 OF 46
<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a
<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
OFLYNN, ARMINDA, , ,

Mailing Address 12864 BISCAYNE BLVD

City N. MIAMI	State FL	Zip Code 33181-2007
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FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
831.40

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 27 / 2026

**Transaction ID : SA11A.57381**

Amount of Each Receipt this Period  
26.03

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 6100 HORSESHOE BAR RD

City LOOMIS	State CA	Zip Code 95650-8537
----------------	-------------	------------------------

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

Name of Employer STEPHEN PRICE	Occupation CEO
-----------------------------------	-------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
416.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2026

**Transaction ID : SA11A.57384**

Amount of Each Receipt this Period  
26.03

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address P.O. BOX 9891

City ARLINGTON	State VA	Zip Code 22219-1891
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
61103.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 06 / 2026

**Transaction ID : SA11C.57390**

Amount of Each Receipt this Period  
117.71

Memo Item  
CONTRIBUTION  
SEE ATTRIBUTION BELOW FOR ALL DONORS ABOVE ITEMIZATION THRESHOLD

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	52.06
<b>TOTAL</b> 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 25 OF 46	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
BAKER, PENNY, , ,

Mailing Address 125 JEFF AVENUE

City ASHBURN	State GA	Zip Code 31714-3734
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57395**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address 2200 DELPOND LANE

City CHARLOTTE	State NC	Zip Code 28226-6470
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57396**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

Mailing Address 1115 BALES ST.

City CLEBURNE	State TX	Zip Code 76033-4312
------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
-----------------------------	-----------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA11A.57393**

Amount of Each Receipt this Period

Memo Item  
 CONTRIBUTION  
 EARMARKED FROM WINRED

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

**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: PAGE 26 OF 46  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
MCGEE, SALLIE, , ,

Mailing Address 104 PEMBROKE POINTE DRIVE

City MADISON State MS Zip Code 39110-7900

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
212.53

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 05 2026

Transaction ID : SA11A.57392

Amount of Each Receipt this Period  
10.41

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 2500 WEST WILLIAM CANNON DR

City AUSTIN State TX Zip Code 78745-5257

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation WDIXARIO

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
416.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 28 2026

Transaction ID : SA11A.57402

Amount of Each Receipt this Period  
26.03

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 166 CANDY CIR

City WINTERVILLE State GA Zip Code 30683-3605

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
240.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 28 2026

Transaction ID : SA11A.57400

Amount of Each Receipt this Period  
15.00

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51.44

**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: PAGE 27 OF 46  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

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

Mailing Address P.O. BOX 9891

City ARLINGTON State VA Zip Code 22219-1891

FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
61103.14

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 13 / 2026

**Transaction ID : SA11C.57403**

Amount of Each Receipt this Period  
92.51

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS  
ABOVE ITEMIZATION THRESHOLD

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

Mailing Address 3406 MARYWOOD DR

City SPRING State TX Zip Code 77388-5176

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
962.29

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 09 / 2026

**Transaction ID : SA11A.57407**

Amount of Each Receipt this Period  
26.03

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

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

Mailing Address 14 WILMINGTO WAY

City CONROE State TX Zip Code 77384-4777

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
265.54

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 07 / 2026

**Transaction ID : SA11A.57410**

Amount of Each Receipt this Period  
15.62

Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 41.65

**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: PAGE 28 OF 46  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
WILSON, CONNIE, , ,

Mailing Address 3888 SHADY GROVE ROAD

City CLARKSVILLE State TN Zip Code 37043-7505

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
442.51

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 10 / 2026

Transaction ID : SA11A.57406

Amount of Each Receipt this Period  
26.03

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address 11800 CYPRESS RD

City DIXON State MO Zip Code 65459-7212

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
265.54

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 08 / 2026

Transaction ID : SA11A.57408

Amount of Each Receipt this Period  
15.62

Memo Item  
CONTRIBUTION  
EARMARKED FROM WINRED

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	41.65
<b>TOTAL</b> This Period (last page this line number only)..... ▶	1580.01

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 46  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

**A.** Full Name (Last, First, Middle Initial)  
**PUBLIX SUPER MARKETS, INC. ASSOCIATES POLITICAL ACTION COMMI**

Mailing Address PO BOX 407

City LAKELAND State FL Zip Code 33802-0407

FEC ID number of contributing federal political committee. **C** C00400705

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 10 / 2026

Transaction ID : SA11C.57326

Amount of Each Receipt this Period  
2500.00

Memo Item  
CONTRIBUTION

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

2500.00

2500.00

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 46	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

Full Name (Last, First, Middle Initial) <b>A. ROSE, JOHN, W., ,</b>			Date of Disbursement MM / DD / YYYY 03 / 12 / 2026	
Mailing Address PO BOX 2404			FEC Identification Number C H8TN06094	
City COOKEVILLE	State TN	Zip Code 38502	Amount of Each Disbursement this Period 263.40	
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type 001	Transaction ID : SB17.I16350	
Candidate Name ROSE, JOHN, W., ,		Memo Item <input type="checkbox"/>		
Office Sought: <input checked="" 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: TN District: 06				

Full Name (Last, First, Middle Initial) <b>B. MAILCHIMP</b>			Date of Disbursement MM / DD / YYYY 10 / 21 / 2025	
Mailing Address 675 PONCE DE LEON AVENUE NORTHEAST #5000			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30308	Amount of Each Disbursement this Period 87.80	
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type 001	Transaction ID : SB17.I16351	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. MAILCHIMP</b>			Date of Disbursement MM / DD / YYYY 11 / 21 / 2025	
Mailing Address 675 PONCE DE LEON AVENUE NORTHEAST #5000			FEC Identification Number C	
City ATLANTA	State GA	Zip Code 30308	Amount of Each Disbursement this Period 87.80	
Purpose of Disbursement SUBSCRIPTIONS		Category/ Type 001	Transaction ID : SB17.I16352	
Candidate Name		Memo Item <input checked="" type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	263.40
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 46			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

Full Name (Last, First, Middle Initial)

**A. MAILCHIMP**

Mailing Address 675 PONCE DE LEON AVENUE NORTHEAST #5000

City ATLANTA State GA Zip Code 30308

Purpose of Disbursement SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 21 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 87.80

Transaction ID : SB17.116353

Memo Item

Full Name (Last, First, Middle Initial)

**B. CMDI**

Mailing Address 1593 SPRING HILL ROAD STE. 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.00

Transaction ID : SB17.115336

Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD STE. 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 10 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.00

Transaction ID : SB17.115343

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 1800.00

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

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 46			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

Full Name (Last, First, Middle Initial) <b>A. CMDI</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2026
Mailing Address 1593 SPRING HILL ROAD STE. 400		FEC Identification Number C
City VIENNA	State VA	Zip Code 22182
Purpose of Disbursement SUBSCRIPTIONS	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 900.00	
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) ▼	Transaction ID : SB17.116349
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. LES WILLIAMSON LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2026
Mailing Address 1305 WEST 11TH STREET 213		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77008
Purpose of Disbursement COMPLIANCE CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 2500.00	
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) ▼	Transaction ID : SB17.115333
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. LES WILLIAMSON LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 1305 WEST 11TH STREET 213		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77008
Purpose of Disbursement COMPLIANCE CONSULTING/FILING FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 2507.82	
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) ▼	Transaction ID : SB17.115340
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5907.82
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 46			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

Full Name (Last, First, Middle Initial) <b>A. LES WILLIAMSON LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026
Mailing Address 1305 WEST 11TH STREET 213		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77008
Purpose of Disbursement COMPLIANCE CONSULTING/LEGAL CONSULTING/FILING FEES		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 3345.47
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) ▼	Transaction ID : SB17.I15348
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. US POSTAL SERVICE</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2026
Mailing Address 525 ROYAL PARKWAY		FEC Identification Number C
City NASHVILLE	State TN	Zip Code 37229
Purpose of Disbursement PO BOX RENEWAL		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 210.00
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) ▼	Transaction ID : SB17.I15341
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement PROCESSING FEES		Category/Type 001
Candidate Name		Amount of Each Disbursement this Period 5.89
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) ▼	Transaction ID : SB17.I15332
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3561.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 46	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

Full Name (Last, First, Middle Initial)  
**A. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PROCESSING FEES  001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
01 / 12 / 2026

FEC Identification Number: C C00694323

Amount of Each Disbursement this Period: 5.26

Transaction ID : SB17.I15334

Memo Item

Full Name (Last, First, Middle Initial)  
**B. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PROCESSING FEES  001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
01 / 20 / 2026

FEC Identification Number: C C00694323

Amount of Each Disbursement this Period: 19.10

Transaction ID : SB17.I15335

Memo Item

Full Name (Last, First, Middle Initial)  
**C. WINRED TECHNICAL SERVICES LLC**

Mailing Address 1776 WILSON BLVD  
SUITE 530

City ARLINGTON State VA Zip Code 22219

Purpose of Disbursement PROCESSING FEES  001

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
01 / 26 / 2026

FEC Identification Number: C C00694323

Amount of Each Disbursement this Period: 3.21

Transaction ID : SB17.I15338

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 27.57

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

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 46	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C 00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement PROCESSING FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 7.53
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:	Transaction ID : SB17.I15339	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C 00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement PROCESSING FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 20.23
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:	Transaction ID : SB17.I15342	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 17 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C 00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement PROCESSING FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 4.67
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:	Transaction ID : SB17.I15344	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	32.43
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 46	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 23 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement PROCESSING FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 4.58
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:	Transaction ID : SB17.I15346	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement PROCESSING FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 19.26
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:	Transaction ID : SB17.I15347	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement PROCESSING FEES	Category/Type 001	
Candidate Name		Amount of Each Disbursement this Period 5.28
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:	Transaction ID : SB17.I15349	
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	29.12
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 37 OF 46	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**John Rose for Tennessee**

Full Name (Last, First, Middle Initial) <b>A. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement PROCESSING FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 4.08	
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:	Transaction ID : SB17.116354 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. WINRED TECHNICAL SERVICES LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 23 / 2026
Mailing Address 1776 WILSON BLVD SUITE 530		FEC Identification Number C C00694323
City ARLINGTON	State VA	Zip Code 22219
Purpose of Disbursement PROCESSING FEES	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 0.04	
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:	Transaction ID : SB17.116355 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
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:	Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4.12
<b>TOTAL</b> This Period (last page this line number only).....▶	11625.82

**SCHEDULE C (FEC Form 3)  
LOANS**

NAME OF COMMITTEE (In Full) **John Rose for Tennessee** Transaction ID : **SC10.1239**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2018
ROSE, JOHN, W., ,		<input checked="" type="checkbox"/> Primary
Mailing Address P.O. BOX 2404		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City COOKEVILLE	State TN	ZIP Code 38502
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	81806.25	18193.75

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 31 / 2017	M M / D D / Y Y Y Y On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	18193.75
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Rose for Tennessee** Transaction ID : **SC10.1248**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2018
ROSE, JOHN, W., ,		<input type="checkbox"/> Primary
Mailing Address P.O. BOX 2404		<input checked="" type="checkbox"/> General
City COOKEVILLE		<input type="checkbox"/> Other (specify) ▼
State TN	ZIP Code 38502	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 250000.00	Cumulative Payment To Date 231806.25	Balance Outstanding at Close of This Period 18193.75
--------------------------------------	---	---

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 11 / 06 / 2018	MM / DD / YYYY On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	[ ] 18193.75
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Rose for Tennessee** Transaction ID : **SC10.1262**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2020
ROSE, JOHN, W., ,		<input checked="" type="checkbox"/> Primary
Mailing Address P.O. BOX 2404		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City COOKEVILLE	State TN	ZIP Code 38502
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
200000.00	181806.25	18193.75

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 05 / 2020	On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	18193.75
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Rose for Tennessee** Transaction ID : **SC10.1264**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item ROSE, JOHN, W., ,		Election: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 2404		
City COOKEVILLE	State TN	ZIP Code 38502
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	231806.25	18193.75

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 11 / 02 / 2020	MM / DD / YYYY On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	18193.75
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Rose for Tennessee** Transaction ID : **SC10.3357**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2022
ROSE, JOHN, W., ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 2404		<input type="checkbox"/> General
City COOKEVILLE		<input type="checkbox"/> Other (specify) ▼
State TN	ZIP Code 38502	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	231806.25	18193.75

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	08 / 02 / 2022	On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	18193.75
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Rose for Tennessee** Transaction ID : **SC10.6505**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item ROSE, JOHN, W., ,		Election: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 2404		
City COOKEVILLE	State TN	ZIP Code 38502 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
250000.00	231806.25	18193.75

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 11 / 08 / 2022	MM / DD / YYYY On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	18193.75
<b>TOTALS</b> This Period (last page in this line only).....▶	

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

# SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **John Rose for Tennessee** Transaction ID : **SC10.11926**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2024
ROSE, JOHN, W., ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 2404		<input type="checkbox"/> General
City COOKEVILLE		<input type="checkbox"/> Other (specify) ▼
State TN	ZIP Code 38502	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100000.00	Cumulative Payment To Date 81806.25	Balance Outstanding at Close of This Period 18193.75
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<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 08 / 01 / 2024	M M / D D / Y Y Y Y On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional).....▶	18193.75
<b>TOTALS</b> This Period (last page in this line only).....▶	[ ]

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

**SCHEDULE C (FEC Form 3)**  
**LOANS**

NAME OF COMMITTEE (In Full) **John Rose for Tennessee** Transaction ID : **SC10.13014**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2024
ROSE, JOHN, W., ,			<input type="checkbox"/> Primary
Mailing Address PO BOX 2404			<input checked="" type="checkbox"/> General
City COOKEVILLE		State TN	ZIP Code 38502
			<input type="checkbox"/> Other (specify) ▼
			<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100000.00	81806.25	18193.75

<b>TERMS</b>	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 11 / 05 / 2024	MM / DD / YYYY On Demand	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

<b>SUBTOTALS</b> This Period This Page (optional).....▶	18193.75
<b>TOTALS</b> This Period (last page in this line only).....▶	145550.00

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)

FOR LINE NUMBER:  
(check only one)

9  
 10

NAME OF COMMITTEE (In Full)

**John Rose for Tennessee**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>ROSE, JOHN, W., ,</b>			Nature of Debt (Purpose): Food/Beverage/Subscriptions/Travel
Mailing Address PO BOX 2404			
City COOKEVILLE	State TN	Zip Code 38502	

Outstanding Balance Beginning This Period		<b>Transaction ID : SD10.1</b>	
263.40			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
5258.25	263.40	5258.25	

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) <b>SUBTOTALS</b> This Period This Page (optional) .....	5258.25
2) <b>TOTALS</b> This Period (last page this line number only) .....	5258.25
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) .....	145550.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) .....	150808.25