

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name
FRIENDS OF ZELDA

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 02 / 11 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	2459.00	25227.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	2459.00	25227.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	244.30	5355.30
(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))	244.30	5355.30
8. Cash on Hand at Close of Reporting Period (from Line 27)	33114.85	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1500.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF ZELDA

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1500.00	16792.00
(ii) Unitemized.....	959.00	3735.00
(iii) TOTAL of contributions from individuals ▶	2459.00	20527.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	250.00
(d) The Candidate.....	0.00	4450.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	2459.00	25227.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	1500.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	1500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2459.00	26727.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	244.30	5355.30
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	244.30	5355.30

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	30900.15
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2459.00
25. SUBTOTAL (add Line 23 and Line 24).....	33359.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	244.30
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	33114.85

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 9	
<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)
FRIENDS OF ZELDA

A. Full Name (Last, First, Middle Initial)
Cook, David, , ,

Mailing Address 303 Ky

City Weaverville	State NC	Zip Code 28787
---------------------	-------------	-------------------

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

Name of Employer Locum Tenens	Occupation Md
----------------------------------	------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1750.00

Date of Receipt

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

Transaction ID : SA11AI.4357

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 303 Ky

City Weaverville	State NC	Zip Code 28787
---------------------	-------------	-------------------

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

Name of Employer Locum Tenens	Occupation Md
----------------------------------	------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt

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

Transaction ID : SA11AI.4397

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Healy, Virginia A, , ,

Mailing Address 169 Windsor Road

City Asheville	State NC	Zip Code 28804
-------------------	-------------	-------------------

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

Name of Employer Not Employed	Occupation Not Employed
----------------------------------	----------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 19 / 2026

Transaction ID : SA11AI.4373

Amount of Each Receipt this Period
1000.00

Memo Item

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

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

1500.00
1500.00

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 6 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
FRIENDS OF ZELDA

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.38

Transaction ID : SB17.4342

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 15.46

Transaction ID : SB17.4343

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 18 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 11.87

Transaction ID : SB17.4344

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 29.71

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 7 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
FRIENDS OF ZELDA

Full Name (Last, First, Middle Initial)

A. ActBlue

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 25 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 44.30

Transaction ID : SB17.4345

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 01 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 3.21

Transaction ID : SB17.4346

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue

Mailing Address PO Box 962017

City Boston State MA Zip Code 02196-2017

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 08 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 15.28

Transaction ID : SB17.4347

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 62.79

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 9
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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)
FRIENDS OF ZELDA

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2026
Mailing Address PO Box 962017		FEC Identification Number C
City Boston	State MA	Zip Code 02196-2017
Purpose of Disbursement		Amount of Each Disbursement this Period 4.76
Candidate Name	Category/Type	Transaction ID : SB17.4348
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. VistaPrint		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026
Mailing Address 95 Hayden Avenue		FEC Identification Number C
City Lexington	State MA	Zip Code 02421-7942
Purpose of Disbursement		Amount of Each Disbursement this Period 102.06
Candidate Name	Category/Type	Transaction ID : SB17.4341
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Vistasocial		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026
Mailing Address 2647 East 21 Street		FEC Identification Number C
City Brooklyn	State NY	Zip Code 11235
Purpose of Disbursement		Amount of Each Disbursement this Period 39.99
Candidate Name	Category/Type	Transaction ID : SB17.4338
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	146.81
TOTAL This Period (last page this line number only).....▶	239.31

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4218**
FRIENDS OF ZELDA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
BRIARWOOD, ZELDA, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 45 WINDIRIDGE DR		<input type="checkbox"/> General
City CANTON		<input type="checkbox"/> Other (specify) ▼
State NC	ZIP Code 28716	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
------------------------------------	------------------------------------	--------------------------------------------------------

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 07 / 01 / 2025	M M / D D / Y Y Y Y NA	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	1500.00
TOTALS This Period (last page in this line only).....▶	1500.00

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