

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

Tina Smith for Minnesota

ADDRESS (number and street)

P.O. Box 14362

Check if different than previously reported. (ACC)

Saint Paul

MN

55114

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00663781

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

MN

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

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

through

M M / D D / Y Y Y Y
03 / 31 / 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 Nelson, Kimberly, , ,

Signature of Treasurer Nelson, Kimberly, , ,

Date M M / D D / Y Y Y Y
04 / 15 / 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.

Office Use Only

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Tina Smith for Minnesota

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
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	3123144.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	182208.31
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	2940935.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	24588.28	3822299.61
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	25121.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	24588.28	3797178.42
8. Cash on Hand at Close of Reporting Period (from Line 27)	270257.23	
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)	0.00	

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

Tina Smith for Minnesota

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).....	0.00	1413962.68
(ii) Unitemized.....	0.00	1199432.32
(iii) TOTAL of contributions from individuals ▶	0.00	2613395.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	509749.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	3123144.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	591.76
13. LOANS:		
(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
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	25121.19
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	4562.72	32951.28
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4562.72	3181808.23

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.....	24588.28	3822299.61
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	500.00
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	121208.31
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	61000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	182208.31
21. OTHER DISBURSEMENTS	3451.63	88887.90
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	28039.91	4093895.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	293734.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4562.72
25. SUBTOTAL (add Line 23 and Line 24).....	298297.14
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	28039.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	270257.23

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Tina Smith for Minnesota

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

Mailing Address PO Box 1

City: Los Angeles State: CA Zip Code: 90078-0001

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1356.84

Date of Receipt: 01 / 12 / 2026

Transaction ID : 19679283

Amount of Each Receipt this Period: 42.10

Memo Item

Rewards

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

Mailing Address PO Box 1

City: Los Angeles State: CA Zip Code: 90078-0001

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1386.19

Date of Receipt: 02 / 11 / 2026

Transaction ID : 19679284

Amount of Each Receipt this Period: 29.35

Memo Item

Rewards

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

Mailing Address PO Box 1

City: Los Angeles State: CA Zip Code: 90078-0001

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 1395.12

Date of Receipt: 03 / 03 / 2026

Transaction ID : 19679285

Amount of Each Receipt this Period: 8.93

Memo Item

Rewards

SUBTOTAL of Receipts This Page (optional) ▶ 80.38

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 6 OF 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tina Smith for Minnesota

A. Full Name (Last, First, Middle Initial)
Names in the News
Mailing Address 180 Grand Ave
Ste 1365

City: Oakland State: CA Zip Code: 94612-3716

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 24232.71

Date of Receipt: 02 / 17 / 2026
Transaction ID : 19679277

Amount of Each Receipt this Period: 4365.25

Memo Item

List Rental

B. Full Name (Last, First, Middle Initial)
Sunrise Banks
Mailing Address 2300 Como Ave

City: Saint Paul State: MN Zip Code: 55108-1722

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 7100.65

Date of Receipt: 01 / 30 / 2026
Transaction ID : 19679274

Amount of Each Receipt this Period: 46.65

Memo Item

Interest

C. Full Name (Last, First, Middle Initial)
Sunrise Banks
Mailing Address 2300 Como Ave

City: Saint Paul State: MN Zip Code: 55108-1722

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date: 7133.83

Date of Receipt: 02 / 27 / 2026
Transaction ID : 19679275

Amount of Each Receipt this Period: 33.18

Memo Item

Interest

SUBTOTAL of Receipts This Page (optional) ▶ 4445.08

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 7 OF 25
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
Tina Smith for Minnesota

A. Full Name (Last, First, Middle Initial)
Sunrise Banks

Mailing Address 2300 Como Ave

City Saint Paul State MN Zip Code 55108-1722

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7171.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 31 / 2026

Transaction ID : 19679276

Amount of Each Receipt this Period
37.26

Memo Item

Interest

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).....▶	37.26
TOTAL This Period (last page this line number only).....▶	4562.72

**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 25			
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. American Express			Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2026
Mailing Address PO Box 1			FEC Identification Number C
City Los Angeles	State CA	Zip Code 90078-0001	Amount of Each Disbursement this Period 561.10
Purpose of Disbursement Credit Card Payment - See Memos		Category/Type	Transaction ID : 500809497
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. 1&1 Ionos			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2025
Mailing Address 701 Lee Rd Ste 300			FEC Identification Number C
City Chesterbrook	State PA	Zip Code 19087-5612	Amount of Each Disbursement this Period 431.70
Purpose of Disbursement Website		Category/Type	Transaction ID : 500809536
Candidate Name			<input checked="" type="checkbox"/> Memo Item *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. Google GSuite			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 1600 Amphitheatre Pkwy			FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351	Amount of Each Disbursement this Period 8.40
Purpose of Disbursement Email Services		Category/Type	Transaction ID : 500809531
Candidate Name			<input checked="" type="checkbox"/> Memo Item *
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	561.10
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 10 OF 25	
	<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)
Tina Smith for Minnesota

A. Lift Creative

Full Name (Last, First, Middle Initial)

Mailing Address 26390 Alexander Ln

City Shorewood State MN Zip Code 55331-4502

Purpose of Disbursement Holiday Cards

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 29 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 300.00

Transaction ID : 500809538

Memo Item *

B. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1

City Los Angeles State CA Zip Code 90078-0001

Purpose of Disbursement Credit Card Payment - See Memos

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 03 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 554.92

Transaction ID : 500809499

Memo Item

C. Godaddy

Full Name (Last, First, Middle Initial)

Mailing Address 14455 N Hayden Rd Ste 219

City Scottsdale State AZ Zip Code 85260-6993

Purpose of Disbursement Website

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 02 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 94.76

Transaction ID : 500809541

Memo Item *

SUBTOTAL of Disbursements This Page (optional).....▶	554.92
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 11 OF 25	
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. Godaddy		Date of Disbursement M M / D D / Y Y Y Y 02 / 03 / 2026
Mailing Address 14455 N Hayden Rd Ste 219		FEC Identification Number C
City Scottsdale	State AZ	Zip Code 85260-6993
Purpose of Disbursement Website	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 130.76	
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 : 500809540
State: District:	<input checked="" type="checkbox"/> Memo Item *	

Full Name (Last, First, Middle Initial) B. Google GSuite		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2026
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 8.40	
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 : 500809533
State: District:	<input checked="" type="checkbox"/> Memo Item *	

Full Name (Last, First, Middle Initial) C. AT&T Mobility		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2026
Mailing Address PO Box 6416		FEC Identification Number C
City Carol Stream	State IL	Zip Code 60197-6416
Purpose of Disbursement Cell Phone	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 81.20	
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 : 500809509
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	81.20
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 12 OF 25	
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. AT&T Mobility		Date of Disbursement MM / DD / YYYY 02 / 24 / 2026
Mailing Address PO Box 6416		FEC Identification Number C
City Carol Stream	State IL	Zip Code 60197-6416
Purpose of Disbursement Cell Phone	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 81.15	
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 : 500809510
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AT&T Mobility		Date of Disbursement MM / DD / YYYY 03 / 24 / 2026
Mailing Address PO Box 6416		FEC Identification Number C
City Carol Stream	State IL	Zip Code 60197-6416
Purpose of Disbursement Cell Phone	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 81.16	
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 : 500809511
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Campaign Compliance LLC		Date of Disbursement MM / DD / YYYY 01 / 07 / 2026
Mailing Address 201 W Mitchell St Pmb 30		FEC Identification Number C
City Petoskey	State MI	Zip Code 49770-2325
Purpose of Disbursement Compliance Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2000.00	
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 : 500809514
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2162.31
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 13 OF 25			
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. Campaign Compliance LLC			Date of Disbursement M M / D D / Y Y Y Y 02 / 06 / 2026
Mailing Address 201 W Mitchell St Pmb 30			FEC Identification Number C
City Petoskey	State MI	Zip Code 49770-2325	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Compliance Services		Category/ Type	Transaction ID : 500809515
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Campaign Compliance LLC			Date of Disbursement M M / D D / Y Y Y Y 03 / 05 / 2026
Mailing Address 201 W Mitchell St Pmb 30			FEC Identification Number C
City Petoskey	State MI	Zip Code 49770-2325	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement Compliance Services		Category/ Type	Transaction ID : 500809516
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. CE Print + Promo			Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2026
Mailing Address 1830 Elm St SE			FEC Identification Number C
City Minneapolis	State MN	Zip Code 55414-2500	Amount of Each Disbursement this Period 1465.06
Purpose of Disbursement Printing		Category/ Type	Transaction ID : 500809518
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	5465.06
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 14 OF 25	
	<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)
Tina Smith for Minnesota

A. CT Corporation

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 4349

City Carol Stream State IL Zip Code 60197-4349

Purpose of Disbursement Filing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 115.62

Transaction ID : 500809519

Memo Item

B. EFTPS - US Treasury

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 173788

City Denver State CO Zip Code 80217-3788

Purpose of Disbursement Income Taxes

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 03 / 25 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1099.00

Transaction ID : 500809520

Memo Item

C. Elias Law Group

Full Name (Last, First, Middle Initial)
Mailing Address 250 Massachusetts Ave NW Ste 400

City Washington State DC Zip Code 20001-5825

Purpose of Disbursement Legal Services

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 01 / 23 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 360.40

Transaction ID : 500809512

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1575.02

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 15 OF 25	
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. Elias Law Group		Date of Disbursement MM / DD / YYYY 02 / 17 / 2026
Mailing Address 250 Massachusetts Ave NW Ste 400		FEC Identification Number C
City Washington	State DC	Zip Code 20001-5825
Purpose of Disbursement Legal Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1090.55	
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 : 500809513 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Google GSuite		Date of Disbursement MM / DD / YYYY 01 / 05 / 2026
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 319.20	
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 : 500809507 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Google GSuite		Date of Disbursement MM / DD / YYYY 01 / 06 / 2026
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 13.56	
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 : 500809508 <input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1423.31
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 16 OF 25			
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. Google GSuite		Date of Disbursement MM / DD / YYYY 02 / 05 / 2026
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services		Amount of Each Disbursement this Period 319.20
Candidate Name	Category/Type	Transaction ID : 500809503
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Google GSuite		Date of Disbursement MM / DD / YYYY 02 / 05 / 2026
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services		Amount of Each Disbursement this Period 13.69
Candidate Name	Category/Type	Transaction ID : 500809504
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Google GSuite		Date of Disbursement MM / DD / YYYY 03 / 05 / 2026
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services		Amount of Each Disbursement this Period 319.20
Candidate Name	Category/Type	Transaction ID : 500809505
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	652.09
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 17 OF 25	
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. Google GSuite		Date of Disbursement MM / DD / YYYY 03 / 06 / 2026
Mailing Address 1600 Amphitheatre Pkwy		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1351
Purpose of Disbursement Email Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 13.69	
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 : 500809506
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Intuit		Date of Disbursement MM / DD / YYYY 01 / 02 / 2026
Mailing Address 2632 Marine Way		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1126
Purpose of Disbursement Computer Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 38.00	
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 : 500809494
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Intuit		Date of Disbursement MM / DD / YYYY 02 / 02 / 2026
Mailing Address 2632 Marine Way		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043-1126
Purpose of Disbursement Computer Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 38.00	
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 : 500809495
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	89.69
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 18 OF 25			
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Intuit		M M / D D / Y Y Y Y 03 / 02 / 2026
Mailing Address 2632 Marine Way		FEC Identification Number
City Mountain View	State CA	Zip Code 94043-1126
Purpose of Disbursement Computer Software	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) ▼	38.00
State: District:	Transaction ID : 500809496	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MN Revenue		M M / D D / Y Y Y Y 03 / 25 / 2026
Mailing Address 600 Robert St N		FEC Identification Number
City Saint Paul	State MN	Zip Code 55101-2228
Purpose of Disbursement Income Taxes	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) ▼	529.00
State: District:	Transaction ID : 500809521	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Petersen Group		M M / D D / Y Y Y Y 02 / 03 / 2026
Mailing Address 9347 Wildflower Rd		FEC Identification Number
City Pine City	State MN	Zip Code 55063-4698
Purpose of Disbursement Management Services	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) ▼	8416.36
State: District:	Transaction ID : 500809490	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	8983.36
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 19 OF 25			
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Public Storage		M M / D D / Y Y Y Y 01 / 05 / 2026	
Mailing Address 246 Eaton St		FEC Identification Number	
City Saint Paul	State MN	Zip Code 55107-1603	C
Purpose of Disbursement Storage Unit		Amount of Each Disbursement this Period	
Candidate Name		504.00	
Office Sought:	Disbursement For:	Transaction ID : 500809500	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input 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)		Date of Disbursement	
B. Public Storage		M M / D D / Y Y Y Y 02 / 03 / 2026	
Mailing Address 246 Eaton St		FEC Identification Number	
City Saint Paul	State MN	Zip Code 55107-1603	C
Purpose of Disbursement Storage Unit		Amount of Each Disbursement this Period	
Candidate Name		504.00	
Office Sought:	Disbursement For:	Transaction ID : 500809501	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input 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)		Date of Disbursement	
C. Public Storage		M M / D D / Y Y Y Y 03 / 03 / 2026	
Mailing Address 246 Eaton St		FEC Identification Number	
City Saint Paul	State MN	Zip Code 55107-1603	C
Purpose of Disbursement Storage Unit		Amount of Each Disbursement this Period	
Candidate Name		511.00	
Office Sought:	Disbursement For:	Transaction ID : 500809502	
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input 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).....▶	1519.00
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 20 OF 25	
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. Relative Intel, LLC		Date of Disbursement MM / DD / YYYY 01 / 12 / 2026
Mailing Address 1430 Concordia Ave		FEC Identification Number C
City Saint Paul	State MN	Zip Code 55104-9990
Purpose of Disbursement Security Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 600.00	
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 : 500809517
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Sorbe, Kyle, , ,		Date of Disbursement MM / DD / YYYY 01 / 07 / 2026
Mailing Address PO Box 14362		FEC Identification Number C
City Saint Paul	State MN	Zip Code 55114-0362
Purpose of Disbursement Digital Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 150.00	
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 : 500809485
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Sorbe, Kyle, , ,		Date of Disbursement MM / DD / YYYY 02 / 06 / 2026
Mailing Address PO Box 14362		FEC Identification Number C
City Saint Paul	State MN	Zip Code 55114-0362
Purpose of Disbursement Digital Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 150.00	
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 : 500809486
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	900.00
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 21 OF 25			
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. Sorbe, Kyle, , ,		Date of Disbursement MM / DD / YYYY 03 / 05 / 2026
Mailing Address PO Box 14362		FEC Identification Number C
City Saint Paul	State MN	Zip Code 55114-0362
Purpose of Disbursement Digital Services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 150.00	
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 : 500809487
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Sunrise Banks		Date of Disbursement MM / DD / YYYY 01 / 12 / 2026
Mailing Address 2300 Como Ave		FEC Identification Number C
City Saint Paul	State MN	Zip Code 55108-1722
Purpose of Disbursement Bank Fees	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 67.72	
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 : 500809491
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Sunrise Banks		Date of Disbursement MM / DD / YYYY 02 / 10 / 2026
Mailing Address 2300 Como Ave		FEC Identification Number C
City Saint Paul	State MN	Zip Code 55108-1722
Purpose of Disbursement Bank Fees	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 47.72	
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 : 500809492
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	265.44
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 22 OF 25	
	<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)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. Sunrise Banks			Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2026	
Mailing Address 2300 Como Ave			FEC Identification Number C	
City Saint Paul	State MN	Zip Code 55108-1722	Amount of Each Disbursement this Period 47.38	
Purpose of Disbursement Bank Fees		Category/ Type	Transaction ID : 500809493	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	47.38
TOTAL This Period (last page this line number only).....▶	24588.28

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 23 OF 25	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2026
Mailing Address PO Box 1		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90078-0001
Purpose of Disbursement Credit Card Payment - See Memos		Amount of Each Disbursement this Period 906.63
Candidate Name		Transaction ID : 500809522
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Chipotle Online		Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2025
Mailing Address 610 Newport Center Dr		FEC Identification Number C
City Newport Beach	State CA	Zip Code 92660-6419
Purpose of Disbursement Meals - Officially Connected		Amount of Each Disbursement this Period 528.14
Candidate Name		Transaction ID : 500809537
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) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) C. Restaurant Associates		Date of Disbursement M M / D D / Y Y Y Y 12 / 05 / 2025
Mailing Address PO Box 417632		FEC Identification Number C
City Boston	State MA	Zip Code 02241-7632
Purpose of Disbursement Meals - Officially Connected		Amount of Each Disbursement this Period 230.30
Candidate Name		Transaction ID : 500809535
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) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	906.63
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 24 OF 25	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement MM / DD / YYYY 02 / 11 / 2026
Mailing Address PO Box 1		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90078-0001
Purpose of Disbursement Credit Card Payment - See Memos		Amount of Each Disbursement this Period 138.00
Candidate Name		Transaction ID : 500809529
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Restaurant Associates		Date of Disbursement MM / DD / YYYY 01 / 08 / 2026
Mailing Address PO Box 417632		FEC Identification Number C
City Boston	State MA	Zip Code 02241-7632
Purpose of Disbursement Meals - Officially Connected		Amount of Each Disbursement this Period 138.00
Candidate Name		Transaction ID : 500809539
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) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement MM / DD / YYYY 03 / 03 / 2026
Mailing Address PO Box 1		FEC Identification Number C
City Los Angeles	State CA	Zip Code 90078-0001
Purpose of Disbursement Credit Card Payment - See Memos		Amount of Each Disbursement this Period 407.00
Candidate Name		Transaction ID : 500809530
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	545.00
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 25 OF 25
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Tina Smith for Minnesota

Full Name (Last, First, Middle Initial) A. Restaurant Associates		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2026
Mailing Address PO Box 417632		FEC Identification Number C
City Boston	State MA	Zip Code 02241-7632
Purpose of Disbursement Meals - Officially Connected		Amount of Each Disbursement this Period 407.00
Candidate Name		Transaction ID : 500809542
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) ▼	<input checked="" type="checkbox"/> Memo Item *
State: District:		

Full Name (Last, First, Middle Initial) B. JULIANA FOR ILLINOIS		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026
Mailing Address PO Box 372		FEC Identification Number C C00903252
City Chicago	State IL	Zip Code 60690-0372
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 2000.00
Candidate Name STRATTON, JULIANA, , ,		Transaction ID : 500809484
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: IL District: 00		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		Transaction ID
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	3451.63