

**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

Leora Levy for U.S. Senate, Inc.

ADDRESS (number and street)

PO Box 447



Check if different than previously reported. (ACC)

Cheshire

CT

06410

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00804377

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

CT

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 / 2023

through

M M / D D / Y Y Y Y
03 / 31 / 2023

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Martin, Steven, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Martin, Steven, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y
04 / 13 / 2023

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 2 / 23

Write or Type Committee Name
Leora Levy for U.S. Senate, Inc.

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 01 2023

To:

M M / D D / Y Y Y Y
03 31 2023

	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	17278.43
(b) Total Contribution Refunds (from Line 20(d))	6150.00	22014.50
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 6150.00	- 4736.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	20977.43	102812.51
(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))	20977.43	102812.51
8. Cash on Hand at Close of Reporting Period (from Line 27)	14645.08	
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)	925000.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

PAGE 3 / 23

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Leora Levy for U.S. Senate, Inc.

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2023

To:

MM / DD / YYYY
03 / 31 / 2023**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).....

(ii) Unitemized.....

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

13. LOANS:

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

(b) All Other Loans.....

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)15. OTHER RECEIPTS
(Dividends, Interest, etc.)16. **TOTAL RECEIPTS** (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 23

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	20977.43	102812.51
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	6150.00	22014.50
(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)).....	6150.00	22014.50
21. OTHER DISBURSEMENTS	2000.00	2000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	29127.43	126827.01

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	43772.51
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	43772.51
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	29127.43
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	14645.08

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION**Form/Schedule: F3N****Transaction ID :**

PLEASE NOTE: THE COMMITTEE HAS DEMONSTRATED THE NECESSARY STEPS TO ESTABLISH BESTEFFORTS TO OBTAIN AND DISCLOSE THE FULL IDENTIFICATION OF ALL INDIVIDUALS WHO CONTRIBUTEIN EXCESS OF \$200 IN AN ELECTION CYCLE. THESE EFFORTS INCLUDE A CLEAR REQUEST WITH THEORIGINAL SOLICITATION, FOLLOWED BY A REQUEST FOR MISSING INFORMATION LETTER WITHIN 30DAYS, WHICH CLEARLY ASKS FOR THE MISSING INFORMATION WITHOUT SOLICITING A CONTRIBUTION. INADDITION, THE LETTER READS: FEDERAL LAW REQUIRES US TO MAKE OUR BEST EFFORTS TO COLLECTAND REPORT THE NAME, MAILING ADDRESS, OCCUPATION AND NAME OF EMPLOYER OF ALLINDIVIDUALS WHO CONTRIBUTE IN EXCESS OF \$200 IN AN ELECTION CYCLE. WE THEN ENCLOSE A SELFADDRESSED ENVELOPE AND INCLUDE A TELEPHONE NUMBER TO REACH THE COMMITTEE WITH ANYQUESTIONS. A SECOND REQUEST FOR MISSING INFORMATION LETTER IS SENT IF WE DO NOT RECEIVETHE INFORMATION IN A TIMELY MANNER. IN THE EVENT THAT WE RECEIVE ADDITIONAL INFORMATIONFROM CONTRIBUTORS WHOSE INFORMATION WAS NOT ORIGINALLY DISCLOSED, WE WILL AMEND THEAPPROPRIATE REPORT TO REFLECT THE ADDITIONAL DISCLOSURES PROPERLY.

Form/Schedule:**Transaction ID:**

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

PAGE 6 OF 23

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

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

NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

A. Full Name (Last, First, Middle Initial)
MUNGER, LINDA, , ,

Mailing Address 16 KNOLLWOOD DR

City GREENWICH	State CT	Zip Code 06830-4733
-------------------	-------------	------------------------

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

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

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **CONVENTION**

Election Cycle-to-Date **0.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2022

Transaction ID : SA11A.507

Amount of Each Receipt this Period

2900.00

☒ Memo Item

CONTRIBUTION

REFUNDED \$2,900.00 ON 01/05/2023

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

Mailing Address 16 KNOLLWOOD DR

City GREENWICH	State CT	Zip Code 06830-4733
-------------------	-------------	------------------------

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

Name of Employer MORGAN STANLEY CO	Occupation INVESTMENT BANKER
---------------------------------------	---------------------------------

Receipt For: 2022
☐ Primary ☐ General
☒ Other (specify) **CONVENTION**

Election Cycle-to-Date **0.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 09 / 2022

Transaction ID : SA11A.508

Amount of Each Receipt this Period

2900.00

☒ Memo Item

CONTRIBUTION

REFUNDED \$2,900.00 ON 01/05/2023

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

Mailing Address 13710 NAVAJO STREET

City BROOMFIELD	State CO	Zip Code 80023-7416
--------------------	-------------	------------------------

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

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

Receipt For: 2022
☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date **302.00**

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 21 / 2022

Transaction ID : SA11A.12800

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONTRIBUTION

REFUNDED \$25.00 ON 02/22/2023

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

0.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 23

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

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

RICHARDS, MARY, , ,

A.

Mailing Address 330 6TH ST S

City

NAPLES

State

FL

Zip Code

34102-6349

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2022

☐ Primary
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 08 2022

Transaction ID : SA11A.22213

Amount of Each Receipt this Period

25.00

☒ Memo Item

CONTRIBUTION

REFUNDED \$25.00 ON 01/30/2023

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ▶

0.00

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

0.00

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

PAGE 8 OF 23

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		04		2023

FEC Identification Number

C

Amount of Each Disbursement this Period

75.75

Transaction ID : SB17.I5162

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICESMailing Address 1776 WILSON BOULEVARD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT: E-MERCHANT FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2023

FEC Identification Number

C

Amount of Each Disbursement this Period

- 60.50

Transaction ID : SB17.I5233

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HYDE, ROBERT, , ,

Mailing Address PO BOX 1013

City
CANTONState
CTZip Code
06019Purpose of Disbursement
SIGN DISTRIBUTION

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		09		2023

FEC Identification Number

C

Amount of Each Disbursement this Period

685.00

Transaction ID : SB17.I5163

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

700.25

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. CFS COMPLIANCE

Mailing Address PO BOX 30844

City
BETHESDAState
MDZip Code
20824-0844Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

3275.00

Transaction ID : SB17.I5168

☐ Memo Item**B. GUSTO**

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL TAXES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

10.02

Transaction ID : SB17.I5164

☐ Memo Item**C. GUSTO**

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL TAXES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

31.25

Transaction ID : SB17.I5165

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

3316.27

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL TAXES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

GENERAL

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

43.26

Transaction ID : SB17.I5166

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL TAXES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

GENERAL

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

46.15

Transaction ID : SB17.I5167

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 SPRING HILL ROAD
SUITE 400City
TYSON'S CORNERState
VAZip Code
22182Purpose of Disbursement
SOFTWARE SERVICE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

GENERAL

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.I5169

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

789.41

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICESMailing Address 1776 WILSON BOULEVARD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
E-MERCHANT FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2023

FEC Identification Number

C

Amount of Each Disbursement this Period

15.00

Transaction ID : SB17.I5225

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CFS COMPLIANCE

Mailing Address PO BOX 30844

City
BETHESDAState
MDZip Code
20824-0844Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		01		2023

FEC Identification Number

C

Amount of Each Disbursement this Period

4590.47

Transaction ID : SB17.I5224

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2023

FEC Identification Number

C

Amount of Each Disbursement this Period

75.75

Transaction ID : SB17.I5230

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

4681.22

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 PageFOR LINE NUMBER:
(check only one)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. CFS COMPLIANCE

Mailing Address PO BOX 30844

City
BETHESDAState
MDZip Code
20824-0844Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

3275.00

Transaction ID : SB17.I5229

☐ Memo Item**B. PUSH DIGITAL**

Mailing Address 342 EAST BAY STREET

City
CHARLESTONState
SCZip Code
29401Purpose of Disbursement
WEB HOSTING FEE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

755.46

Transaction ID : SB17.I5227

☐ Memo Item**C. CMDI**Mailing Address 1593 SPRING HILL ROAD
SUITE 400City
TYSON'S CORNERState
VAZip Code
22182Purpose of Disbursement
SOFTWARE SERVICE

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	2	3

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.I5228

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

4730.46

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 PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICESMailing Address 1776 WILSON BOULEVARD
SUITE 530City
ARLINGTONState
VAZip Code
22209Purpose of Disbursement
CREDIT: E-MERCHANT FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
02	28	2023

FEC Identification Number

C

Amount of Each Disbursement this Period

- 1.87

Transaction ID : SB17.I5231

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GUSTO

Mailing Address 525 20TH STREET

City
SAN FRANCISCOState
CAZip Code
94107Purpose of Disbursement
PAYROLL FEES

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	02	2023

FEC Identification Number

C

Amount of Each Disbursement this Period

75.75

Transaction ID : SB17.I5244

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DICKINSON WRIGHTMailing Address 1825 I STREET NORTHWEST
SUITE 900City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
LEGAL CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
03	07	2023

FEC Identification Number

C

Amount of Each Disbursement this Period

1438.50

Transaction ID : SB17.I5238

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

1512.38

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 PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. CFS COMPLIANCE

Mailing Address PO BOX 30844

City
BETHESDAState
MDZip Code
20824-0844Purpose of Disbursement
COMPLIANCE CONSULTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		09		2023

FEC Identification Number

C

Amount of Each Disbursement this Period

3275.00

Transaction ID : SB17.I5243

☐ Memo Item**B. CMDI**Mailing Address 1593 SPRING HILL ROAD
SUITE 400City
TYSON'S CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE HOSTING

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		17		2023

FEC Identification Number

C

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.I5242

☐ Memo Item**C. PUERTO RICAN PARADE OF FAIRFIELD COUNTY, INC.**

Mailing Address PO BOX 447

City
BRIDGEPORTState
CTZip Code
06601Purpose of Disbursement
EVENT TICKET

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		27		2023

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.I5240

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

4175.00

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 PageFOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. DICKINSON WRIGHTMailing Address 1825 I STREET NORTHWEST
SUITE 900City
WASHINGTONState
DCZip Code
20006Purpose of Disbursement
LEGAL CONSULTING

001

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		30		2023

FEC Identification Number

C

Amount of Each Disbursement this Period

1072.44

Transaction ID : SB17.I5241

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1072.44

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

20977.43

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

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. MUNGER, LINDA, , ,

Mailing Address

16 KNOLLWOOD DR

City
GREENWICHState
CTZip Code
06830Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

GENERAL

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2900.00

Transaction ID : SB20A.I5235

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MUNGER, STEPHEN, , ,

Mailing Address

16 KNOLLWOOD DR

City
GREENWICHState
CTZip Code
06830Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

GENERAL

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2900.00

Transaction ID : SB20A.I5234

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RICKETTS, JAMES, , ,

Mailing Address

1020 ROSEWOOD LN

City
TACOMAState
WAZip Code
98466Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

GENERAL

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB20A.I5237

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

5850.00

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 PageFOR LINE NUMBER:
(check only one)

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☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. TBA ARCHITECTS

Mailing Address OPB 5686

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		05		2023

City
SANTA BARBARAState
CAZip Code
93150

FEC Identification Number

C

Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : SB20A.I5236

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

GENERAL

State:

District:

Full Name (Last, First, Middle Initial)

B. RICHARDS, MARY, , ,

Mailing Address 330 6TH STREET SOUTH

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2023

City
NAPLESState
FLZip Code
34102

FEC Identification Number

C

Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.I5226

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

GENERAL

State:

District:

Full Name (Last, First, Middle Initial)

C. NOLAN, JIM, , ,

Mailing Address 13710 NAVAJO STREET

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		22		2023

City
BROOMFIELDState
COZip Code
80023

FEC Identification Number

C

Purpose of Disbursement
REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

25.00

Transaction ID : SB20A.I5232

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼

GENERAL

State:

District:

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

300.00

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

6150.00

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

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NAME OF COMMITTEE (In Full)

Leora Levy for U.S. Senate, Inc.

Full Name (Last, First, Middle Initial)

A. CONNECTICUT REPUBLICAN PARTY FEDERAL ACCOUNT

Mailing Address 97 ELM STREET

City
HARTFORDState
CTZip Code
06106Purpose of Disbursement
POLITICAL DONATION

007

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2022

☐ Primary ☒ General
☐ Other (specify) ▼ GENERAL

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.I5223

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TEAM HAGERTY

Mailing Address PO BOX 50430

City
NASHVILLEState
TNZip Code
37205Purpose of Disbursement
POLITICAL CONTRIBUTION - 2020 PRIMARY DEB

011

Candidate Name

HAGERTY, BILL, , ,

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 024

☐ Primary ☐ General
☐ Other (specify) ▼

State: TN

District:

Date of Disbursement

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

FEC Identification Number

C C00718627

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.I5239

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
		/			/				

FEC Identification Number

C

Amount of Each Disbursement this Period

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

2000.00

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

2000.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 23

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.64

Leora Levy for U.S. Senate, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

LEVY, LEORA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
ConventionMailing Address
PO BOX 447

City

State

ZIP Code

CHESHIRE

CT

06410

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

500000.00

0.00

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 09 D

Y 2022 Y

M M

D D

ON DEMAND

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

500000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 20 OF 23

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.65

Leora Levy for U.S. Senate, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

LEVY, LEORA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
ConventionMailing Address
PO BOX 447

City

State

ZIP Code

CHESHIRE

CT

06410

☒ Personal Funds of the Candidate

Original Amount of Loan

250000.00

Cumulative Payment To Date

250000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 03 M

D 29 D

Y 2022 Y

M M

D D

ON DEMAND

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ➤

0.00

TOTALS This Period (last page in this line only) ➤

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 21 OF 23

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.225

Leora Levy for U.S. Senate, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

LEVY, LEORA, , ,

Election: 2022

☐ Primary☐ General☒ Other (specify) ▼
ConventionMailing Address
PO BOX 447

City

State

ZIP Code

CHESHIRE

CT

06410

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

300000.00

0.00

300000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 04 M /

D 18 D /

Y 2022 Y

M M /

D D /

ON DEMAND

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

300000.00

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

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

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 22 OF 23

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.3578

Leora Levy for U.S. Senate, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

LEVY, LEORA, , ,

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Primary

Mailing Address
PO BOX 447

City

State

ZIP Code

CHESHIRE

CT

06410

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

25000.00

0.00

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 08 M

D 03 D

Y 2022 Y

M M

D D

ON DEMAND

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

25000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 23 OF 23

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.3929

Leora Levy for U.S. Senate, Inc.

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

LEVY, LEORA, , ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼
GeneralMailing Address
PO BOX 447

City

State

ZIP Code

CHESHIRE

CT

06410

☒ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

100000.00

0.00

100000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M 10 M /

D 11 D /

Y 2022 Y

M M /

D D /

ON DEMAND

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.00

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

925000.00

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