

# 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

Elise for Congress

ADDRESS (number and street)

PO Box 500

Check if different than previously reported. (ACC)

Glens Falls

NY

12801

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00547893

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

STATE ▼ DISTRICT

NY

21

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

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

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on MM / DD / YYYY

in the State of

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

General (30G)

Runoff (30R)

Special (30S)

Election on MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY  
01 / 01 / 2026

through

MM / DD / YYYY  
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 Hobbs, Cabell, , ,

Signature of Treasurer Hobbs, Cabell, , ,

Date MM / DD / YYYY  
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								
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## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Elise for Congress**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	500.00	2792264.30
(b) Total Contribution Refunds (from Line 20(d)) .....	492567.77	499917.77
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	- 492067.77	2292346.53
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	31521.38	2691975.82
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	75.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	31521.38	2691900.82
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>10825811.28</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Elise for Congress

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).....	500.00	993174.32
(ii) Unitemized.....	0.00	1489497.12
(iii) TOTAL of contributions from individuals ▶	500.00	2482671.44
(b) Political Party Committees.....	0.00	20000.00
(c) Other Political Committees (such as PACs).....	0.00	289592.86
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	500.00	2792264.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.62	3150370.40
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	75.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	1378.13	1378.13
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1878.75	5944087.83

**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.....	31521.38	2691975.82
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 .....	428567.77	433417.77
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	64000.00	66500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	492567.77	499917.77
21. OTHER DISBURSEMENTS .....	0.00	30590.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	524089.15	3222483.59

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	11348021.68
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1878.75
25. SUBTOTAL (add Line 23 and Line 24).....	11349900.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	524089.15
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10825811.28

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 5 OF 105		
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 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)  
**Elise for Congress**

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

Mailing Address P.O. BOX 201

City: CLEVERDALE      State: NY      Zip Code: 12820-0201

FEC ID number of contributing federal political committee: C

Name of Employer: DAVIES-DAVIES & ASSOCIATES RE      Occupation: REAL ESTATE BROKER

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
0.00

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

**Transaction ID : SA11A.2263747**

Amount of Each Receipt this Period  
500.00

Memo Item  
CONTRIBUTION

REFUNDED \$500.00 ON 02/24/2026

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

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer      Occupation

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

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

500.00

500.00

# 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 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address **PO BOX 500**

City **GLENS FALLS** State **NY** Zip Code **12801-0500**

FEC ID number of contributing federal political committee. **C C00830679**

Name of Employer Occupation

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**1847481.40**

Date of Receipt  
**03 / 31 / 2026**

**Transaction ID : SA12.2279023**

Amount of Each Receipt this Period  
**0.62**

Memo Item  
**TRANSFER**

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

Mailing Address **6210 E ARBOR AVE  
APT 255**

City **MESA** State **AZ** Zip Code **85206-6006**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**840.80**

Date of Receipt  
**11 / 06 / 2025**

**Transaction ID : SA.2265202.59.TE28**

Amount of Each Receipt this Period  
**- 20.82**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

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

Mailing Address **543 W 6TH ST**

City **LITITZ** State **PA** Zip Code **17543-2408**

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

Name of Employer Occupation  
**RETIRED RETIRED**

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
**697.38**

Date of Receipt  
**09 / 29 / 2025**

**Transaction ID : SA.2231812.59.TE28**

Amount of Each Receipt this Period  
**- 47.50**

Memo Item  
**TRANSFER**  
**TRANSFER FROM TEAM ELISE**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **0.62**

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 7 OF 105	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 543 W 6TH ST

City LITITZ	State PA	Zip Code 17543-2408
----------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
697.38

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

**Transaction ID : SA.2231815.59.TE28**

Amount of Each Receipt this Period  
- 47.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 543 W 6TH ST

City LITITZ	State PA	Zip Code 17543-2408
----------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
697.38

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2025

**Transaction ID : SA.2231818.59.TE28**

Amount of Each Receipt this Period  
- 47.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 543 W 6TH ST

City LITITZ	State PA	Zip Code 17543-2408
----------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
697.38

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 15 / 2025

**Transaction ID : SA.2231826.59.TE28**

Amount of Each Receipt this Period  
- 47.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**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: PAGE 8 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
CRAY, CATHERINE, , ,  
Mailing Address 3605 GRACIE LN  
City GLEN ALLEN State VA Zip Code 23060-2502  
FEC ID number of contributing federal political committee. C  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 15 / 2025  
Transaction ID : SA.2278193.59.TE28  
Amount of Each Receipt this Period  
- 33.49  
 Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**B.** Full Name (Last, First, Middle Initial)  
CRAY, CATHERINE, , ,  
Mailing Address 3605 GRACIE LN  
City GLEN ALLEN State VA Zip Code 23060-2502  
FEC ID number of contributing federal political committee. C  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 08 / 2025  
Transaction ID : SA.2278199.59.TE28  
Amount of Each Receipt this Period  
- 23.75  
 Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**C.** Full Name (Last, First, Middle Initial)  
CRAY, CATHERINE, , ,  
Mailing Address 3605 GRACIE LN  
City GLEN ALLEN State VA Zip Code 23060-2502  
FEC ID number of contributing federal political committee. C  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼ 677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 15 / 2025  
Transaction ID : SA.2278200.59.TE28  
Amount of Each Receipt this Period  
- 23.95  
 Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
CRAY, CATHERINE, , ,  
Mailing Address 3605 GRACIE LN  
City GLEN ALLEN State VA Zip Code 23060-2502  
FEC ID number of contributing federal political committee. C  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 15 / 2025  
Transaction ID : SA.2278201.59.TE28  
Amount of Each Receipt this Period  
- 23.99  
 Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**B.** Full Name (Last, First, Middle Initial)  
CRAY, CATHERINE, , ,  
Mailing Address 3605 GRACIE LN  
City GLEN ALLEN State VA Zip Code 23060-2502  
FEC ID number of contributing federal political committee. C  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2025  
Transaction ID : SA.2278202.59.TE28  
Amount of Each Receipt this Period  
- 23.75  
 Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**C.** Full Name (Last, First, Middle Initial)  
CRAY, CATHERINE, , ,  
Mailing Address 3605 GRACIE LN  
City GLEN ALLEN State VA Zip Code 23060-2502  
FEC ID number of contributing federal political committee. C  
Name of Employer RETIRED Occupation RETIRED  
Receipt For: 2026  
 Primary  General  
 Other (specify) ▼  
Election Cycle-to-Date ▼  
677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2025  
Transaction ID : SA.2278203.59.TE28  
Amount of Each Receipt this Period  
- 23.75  
 Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**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: PAGE 10 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 3605 GRACIE LN

City: GLEN ALLEN      State: VA      Zip Code: 23060-2502

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
677.71

Date of Receipt: 11 / 06 / 2025

Transaction ID : SA.2278204.59.TE28

Amount of Each Receipt this Period: - 23.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 3605 GRACIE LN

City: GLEN ALLEN      State: VA      Zip Code: 23060-2502

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
677.71

Date of Receipt: 11 / 06 / 2025

Transaction ID : SA.2278205.59.TE28

Amount of Each Receipt this Period: - 23.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 3605 GRACIE LN

City: GLEN ALLEN      State: VA      Zip Code: 23060-2502

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
677.71

Date of Receipt: 09 / 02 / 2025

Transaction ID : SA.2278207.59.TE28

Amount of Each Receipt this Period: - 9.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 3605 GRACIE LN

City: GLEN ALLEN      State: VA      Zip Code: 23060-2502

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : SA.2278208.59.TE28**

Amount of Each Receipt this Period  
- 0.15

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 3605 GRACIE LN

City: GLEN ALLEN      State: VA      Zip Code: 23060-2502

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 29 / 2025

**Transaction ID : SA.2278209.59.TE28**

Amount of Each Receipt this Period  
- 14.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 3605 GRACIE LN

City: GLEN ALLEN      State: VA      Zip Code: 23060-2502

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2025

**Transaction ID : SA.2278210.59.TE28**

Amount of Each Receipt this Period  
- 0.01

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 3605 GRACIE LN

City: GLEN ALLEN      State: VA      Zip Code: 23060-2502

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

**Transaction ID : SA.2278211.59.TE28**

Amount of Each Receipt this Period  
- 9.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 3605 GRACIE LN

City: GLEN ALLEN      State: VA      Zip Code: 23060-2502

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2025

**Transaction ID : SA.2278212.59.TE28**

Amount of Each Receipt this Period  
- 14.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 3605 GRACIE LN

City: GLEN ALLEN      State: VA      Zip Code: 23060-2502

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED      Occupation: RETIRED

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
677.71

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2025

**Transaction ID : SA.2278213.59.TE28**

Amount of Each Receipt this Period  
- 14.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 105
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 36309 CORDOBA DRIVE

City NOVI	State MI	Zip Code 48374-
--------------	-------------	--------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
715.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2025

**Transaction ID : SA.2265197.59.TE28**

Amount of Each Receipt this Period  
 \_\_\_\_\_ - 33.25

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

Mailing Address 36309 CORDOBA DRIVE

City NOVI	State MI	Zip Code 48374-
--------------	-------------	--------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
715.03

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2025

**Transaction ID : SA.2265201.59.TE28**

Amount of Each Receipt this Period  
 \_\_\_\_\_ - 23.75

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

Mailing Address 435 SE KRUEGER PKWY

City STUART	State FL	Zip Code 34996-
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FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED	Occupation DISTRIBUTOR
-----------------------------------	---------------------------

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3499.71

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 31 / 2025

**Transaction ID : SA.2265209.59.TE28**

Amount of Each Receipt this Period  
 \_\_\_\_\_ - 0.02

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	_____ 0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	_____

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 105  
(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)  
**Elise for Congress**

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

Mailing Address 471 MACEWEN DRIVE

City OSPREY State FL Zip Code 34229-9236

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : SA.2230294.59.TE28

Amount of Each Receipt this Period

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 471 MACEWEN DRIVE

City OSPREY State FL Zip Code 34229-9236

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : SA.2230313.59.TE28

Amount of Each Receipt this Period

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 471 MACEWEN DRIVE

City OSPREY State FL Zip Code 34229-9236

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : SA.2230314.59.TE28

Amount of Each Receipt this Period

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 15 OF 105  
(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)  
**Elise for Congress**

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

Mailing Address 471 MACEWEN DRIVE

City OSPREY State FL Zip Code 34229-9236

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
234.52

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : SA.2230315.59.TE28

Amount of Each Receipt this Period  
- 6.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 471 MACEWEN DRIVE

City OSPREY State FL Zip Code 34229-9236

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
234.52

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : SA.2230316.59.TE28

Amount of Each Receipt this Period  
- 9.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 471 MACEWEN DRIVE

City OSPREY State FL Zip Code 34229-9236

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
234.52

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : SA.2230317.59.TE28

Amount of Each Receipt this Period  
- 10.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 105
	<input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d <input checked="" type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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

NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 471 MACEWEN DRIVE

City OSPREY	State FL	Zip Code 34229-9236
----------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
234.52

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2025

**Transaction ID : SA.2230340.59.TE28**

Amount of Each Receipt this Period  
- 0.10

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 8824 33RD ST E

City UYALLUP	State WA	Zip Code 98371-2803
-----------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
696.21

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 03 / 2025

**Transaction ID : SA.2231805.59.TE28**

Amount of Each Receipt this Period  
- 52.05

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 8824 33RD ST E

City UYALLUP	State WA	Zip Code 98371-2803
-----------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
696.21

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 06 / 2025

**Transaction ID : SA.2231835.59.TE28**

Amount of Each Receipt this Period  
- 34.65

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 17 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
HILL, ROSALIE, , MRS.,  
Mailing Address 8824 33RD ST E

City UYALLUP State WA Zip Code 98371-2803

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
696.21

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

**Transaction ID : SA.2231838.59.TE28**

Amount of Each Receipt this Period  
- 47.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**B.** Full Name (Last, First, Middle Initial)  
HILL, ROSALIE, , MRS.,  
Mailing Address 8824 33RD ST E

City UYALLUP State WA Zip Code 98371-2803

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
696.21

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

**Transaction ID : SA.2231871.59.TE28**

Amount of Each Receipt this Period  
- 0.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**C.** Full Name (Last, First, Middle Initial)  
HOOTEN, BILL, E., MR.,  
Mailing Address 6409 MEADOW HILLS ST NE

City ALBUQUERQUE State NM Zip Code 87111-6542

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
221.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 14 / 2025

**Transaction ID : SA.2231830.59.TE28**

Amount of Each Receipt this Period  
- 23.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
HOOTEN, BILL, E., MR.,  
Mailing Address 6409 MEADOW HILLS ST NE

City ALBUQUERQUE	State NM	Zip Code 87111-6542
---------------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
221.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

**Transaction ID : SA.2231872.59.TE28**

Amount of Each Receipt this Period  
- 0.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**B.** Full Name (Last, First, Middle Initial)  
HOOTEN, BILL, E., MR.,  
Mailing Address 6409 MEADOW HILLS ST NE

City ALBUQUERQUE	State NM	Zip Code 87111-6542
---------------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
221.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2025

**Transaction ID : SA.2233495.59.TE28**

Amount of Each Receipt this Period  
- 24.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**C.** Full Name (Last, First, Middle Initial)  
HOOTEN, BILL, E., MR.,  
Mailing Address 6409 MEADOW HILLS ST NE

City ALBUQUERQUE	State NM	Zip Code 87111-6542
---------------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
221.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2025

**Transaction ID : SA.2233496.59.TE28**

Amount of Each Receipt this Period  
- 26.03

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**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: PAGE 19 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
HOOTEN, BILL, E., MR.,  
Mailing Address 6409 MEADOW HILLS ST NE

City ALBUQUERQUE State NM Zip Code 87111-6542

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
221.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : SA.2233497.59.TE28

Amount of Each Receipt this Period  
- 24.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**B.** Full Name (Last, First, Middle Initial)  
HOOTEN, BILL, E., MR.,  
Mailing Address 6409 MEADOW HILLS ST NE

City ALBUQUERQUE State NM Zip Code 87111-6542

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
221.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : SA.2233498.59.TE28

Amount of Each Receipt this Period  
- 26.03

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**C.** Full Name (Last, First, Middle Initial)  
HOOTEN, BILL, E., MR.,  
Mailing Address 6409 MEADOW HILLS ST NE

City ALBUQUERQUE State NM Zip Code 87111-6542

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
221.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : SA.2233499.59.TE28

Amount of Each Receipt this Period  
- 26.03

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**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: PAGE 21 OF 105  
(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)  
**Elise for Congress**

**A.** Full Name (Last, First, Middle Initial)  
HOOTEN, BILL, E., MR.,

Mailing Address 6409 MEADOW HILLS ST NE

City ALBUQUERQUE State NM Zip Code 87111-6542

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
221.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : SA.2233521.59.TE28

Amount of Each Receipt this Period  
- 0.20

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**B.** Full Name (Last, First, Middle Initial)  
HOOTEN, BILL, E., MR.,

Mailing Address 6409 MEADOW HILLS ST NE

City ALBUQUERQUE State NM Zip Code 87111-6542

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
221.28

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : SA.2233522.59.TE28

Amount of Each Receipt this Period  
- 0.23

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6 RONNA RD

City GLOUCESTER State MA Zip Code 01930-1665

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 25 / 2025

Transaction ID : SA.2231802.60.TE28

Amount of Each Receipt this Period  
- 52.05

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 OF 105  
(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)  
**Elise for Congress**

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

Mailing Address 6 RONNA RD

City GLOUCESTER State MA Zip Code 01930-1665

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2025

**Transaction ID : SA.2231803.60.TE28**

Amount of Each Receipt this Period  
- 52.05

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6 RONNA RD

City GLOUCESTER State MA Zip Code 01930-1665

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

**Transaction ID : SA.2259710.59.TE28**

Amount of Each Receipt this Period  
- 2.60

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6 RONNA RD

City GLOUCESTER State MA Zip Code 01930-1665

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

**Transaction ID : SA.2259711.59.TE28**

Amount of Each Receipt this Period  
- 3.90

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**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: PAGE 23 OF 105  
(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)  
**Elise for Congress**

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

Mailing Address 6 RONNA RD

City GLOUCESTER State MA Zip Code 01930-1665

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA.2259714.59.TE28

Amount of Each Receipt this Period  
- 2.37

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6 RONNA RD

City GLOUCESTER State MA Zip Code 01930-1665

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA.2259715.59.TE28

Amount of Each Receipt this Period  
- 2.60

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6 RONNA RD

City GLOUCESTER State MA Zip Code 01930-1665

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA.2259722.59.TE28

Amount of Each Receipt this Period  
- 0.71

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 24 OF 105  
(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)  
**Elise for Congress**

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

Mailing Address 6 RONNA RD

City: GLOUCESTER State: MA Zip Code: 01930-1665

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA.2259723.59.TE28

Amount of Each Receipt this Period  
- 1.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6 RONNA RD

City: GLOUCESTER State: MA Zip Code: 01930-1665

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA.2259724.59.TE28

Amount of Each Receipt this Period  
- 1.19

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6 RONNA RD

City: GLOUCESTER State: MA Zip Code: 01930-1665

FEC ID number of contributing federal political committee: C

Name of Employer: RETIRED Occupation: RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA.2259725.59.TE28

Amount of Each Receipt this Period  
- 1.30

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 25 OF 105  
(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)  
**Elise for Congress**

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

Mailing Address 6 RONNA RD

City GLOUCESTER State MA Zip Code 01930-1665

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA.2259726.59.TE28

Amount of Each Receipt this Period  
- 2.35

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6 RONNA RD

City GLOUCESTER State MA Zip Code 01930-1665

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA.2259738.59.TE28

Amount of Each Receipt this Period  
- 0.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6 RONNA RD

City GLOUCESTER State MA Zip Code 01930-1665

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
3481.48

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 24 / 2025

Transaction ID : SA.2259739.59.TE28

Amount of Each Receipt this Period  
- 0.25

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 OF 105  
(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)  
**Elise for Congress**

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

Mailing Address 470 KENDALL DR.

City MARCO ISLAND	State FL	Zip Code 34145-2479
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA.2233488.59.TE28**

Amount of Each Receipt this Period

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

Mailing Address 470 KENDALL DR.

City MARCO ISLAND	State FL	Zip Code 34145-2479
----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA.2235528.59.TE28**

Amount of Each Receipt this Period

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

Mailing Address 325 CHERRY ST

City ARKADELPHIA	State AR	Zip Code 71923-5114
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA.2231810.59.TE28**

Amount of Each Receipt this Period

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 105  
(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)  
**Elise for Congress**

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

Mailing Address 922 SOUTHWEST 36TH AVENUE

City BOYNTON BEACH	State FL	Zip Code 33435-8515
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer TROPIC FIREPROOFING	Occupation CONTRACTOR
---	--------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA.2231831.59.TE28**

Amount of Each Receipt this Period

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

Mailing Address 922 SOUTHWEST 36TH AVENUE

City BOYNTON BEACH	State FL	Zip Code 33435-8515
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee.

Name of Employer TROPIC FIREPROOFING	Occupation CONTRACTOR
---	--------------------------

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA.2231837.59.TE28**

Amount of Each Receipt this Period

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

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

Mailing Address 2151 PRAIRIE DR  
APT 118

City PROSPER	State TX	Zip Code 75078-4017
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee.

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

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

**Transaction ID : SA.2230279.59.TE28**

Amount of Each Receipt this Period

Memo Item  
 TRANSFER  
 TRANSFER FROM TEAM ELISE

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only)..... ▶	<input type="text" value=""/>

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 2151 PRAIRIE DR  
APT 118

City PROSPER State TX Zip Code 75078-4017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
216.17

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : SA.2230280.59.TE28

Amount of Each Receipt this Period  
- 52.05

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 2151 PRAIRIE DR  
APT 118

City PROSPER State TX Zip Code 75078-4017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
216.17

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : SA.2230287.59.TE28

Amount of Each Receipt this Period  
- 36.44

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 2151 PRAIRIE DR  
APT 118

City PROSPER State TX Zip Code 75078-4017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
216.17

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : SA.2230295.59.TE28

Amount of Each Receipt this Period  
- 26.03

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 2151 PRAIRIE DR  
APT 118

City PROSPER State TX Zip Code 75078-4017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
216.17

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : SA.2230296.59.TE28

Amount of Each Receipt this Period  
- 26.03

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 2151 PRAIRIE DR  
APT 118

City PROSPER State TX Zip Code 75078-4017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
216.17

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2025

Transaction ID : SA.2230297.59.TE28

Amount of Each Receipt this Period  
- 23.75

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 2151 PRAIRIE DR  
APT 118

City PROSPER State TX Zip Code 75078-4017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
216.17

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 03 / 2025

Transaction ID : SA.2230298.59.TE28

Amount of Each Receipt this Period  
- 19.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 105  
(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)  
**Elise for Congress**

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

Mailing Address 2151 PRAIRIE DR  
APT 118

City PROSPER State TX Zip Code 75078-4017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
216.17

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2025

Transaction ID : SA.2230319.59.TE28

Amount of Each Receipt this Period  
- 9.50

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 2151 PRAIRIE DR  
APT 118

City PROSPER State TX Zip Code 75078-4017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
216.17

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 20 / 2025

Transaction ID : SA.2230341.59.TE28

Amount of Each Receipt this Period  
- 0.15

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 2151 PRAIRIE DR  
APT 118

City PROSPER State TX Zip Code 75078-4017

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
216.17

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 27 / 2025

Transaction ID : SA.2230343.59.TE28

Amount of Each Receipt this Period  
- 0.20

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 OF 105  
(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)  
**Elise for Congress**

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

Mailing Address 2151 PRAIRIE DR  
APT 118

City PROSPER State TX Zip Code 75078-4017

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 06 / 2025

Transaction ID : SA.2230345.59.TE28

Amount of Each Receipt this Period

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6140 ENFINGER ROAD

City PACE State FL Zip Code 32571-9704

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : SA.2231827.59.TE28

Amount of Each Receipt this Period

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6140 ENFINGER ROAD

City PACE State FL Zip Code 32571-9704

FEC ID number of contributing federal political committee.

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 15 / 2025

Transaction ID : SA.2231860.59.TE28

Amount of Each Receipt this Period

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

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

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 32 OF 105	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15			

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

NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 6140 ENFINGER ROAD

City PACE	State FL	Zip Code 32571-9704
--------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.12

Date of Receipt  

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

**Transaction ID : SA.2231862.59.TE28**

Amount of Each Receipt this Period  

- 9.50
--------

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6140 ENFINGER ROAD

City PACE	State FL	Zip Code 32571-9704
--------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.12

Date of Receipt  

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

**Transaction ID : SA.2231863.59.TE28**

Amount of Each Receipt this Period  

- 10.00
---------

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6140 ENFINGER ROAD

City PACE	State FL	Zip Code 32571-9704
--------------	-------------	------------------------

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

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

Receipt For: 2026  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.12

Date of Receipt  

M M / D D / Y Y Y Y Y Y
09 / 22 / 2025

**Transaction ID : SA.2231864.59.TE28**

Amount of Each Receipt this Period  

- 4.75
--------

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 105  
(check only one)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 6140 ENFINGER ROAD

City PACE State FL Zip Code 32571-9704

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.12

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : SA.2231865.59.TE28

Amount of Each Receipt this Period  
- 10.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address 6140 ENFINGER ROAD

City PACE State FL Zip Code 32571-9704

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
270.12

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
09 / 22 / 2025

Transaction ID : SA.2231866.59.TE28

Amount of Each Receipt this Period  
- 10.00

Memo Item  
TRANSFER  
TRANSFER FROM TEAM ELISE

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶	0.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	0.62

# 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)  
 11a  11b  11c  11d  
 12  13a  13b  14  15

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

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

Mailing Address 2200 WILSON BLVD SUITE 100

City ARLINGTON State VA Zip Code 22201

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Transaction ID : SA.5678342

Amount of Each Receipt this Period

Memo Item  
 INTEREST EARNED

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

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.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="1378.13"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1378.13"/>

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 105	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>A. ADP</b>		M M / D D / Y Y Y Y 01 / 05 / 2026	
Mailing Address PO BOX 842875		FEC Identification Number	
City BOSTON	State MA	Zip Code 02284	<b>C</b>
Purpose of Disbursement PAYROLL SERVICE/TAXES		Category/Type	Amount of Each Disbursement this Period
Candidate Name			100.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID : SB.201</b>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>B. CMDI</b>		M M / D D / Y Y Y Y 01 / 08 / 2026	
Mailing Address 1593 SPRING HILL RD STE 400		FEC Identification Number	
City TYSONS CORNER	State VA	Zip Code 22182	<b>C</b>
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		Category/Type	Amount of Each Disbursement this Period
Candidate Name			1200.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<b>Transaction ID : SB.192</b>
State: District:			<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
<b>C. INTUIT</b>		M M / D D / Y Y Y Y 01 / 12 / 2026	
Mailing Address 4055 CORPORATE DR STE 100		FEC Identification Number	
City GRAPEVINE	State TX	Zip Code 76051	<b>C</b>
Purpose of Disbursement SUBSCRIPTIONS		Category/Type	Amount of Each Disbursement this Period
Candidate Name			364.60
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) ▼		<b>Transaction ID : SB.207</b>
State: District:			<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1665.30
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 105			
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. CMDI</b>		M M / D D / Y Y Y Y 01 / 13 / 2026
Mailing Address 1593 SPRING HILL RD STE 400		FEC Identification Number
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		<input type="checkbox"/> 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) ▼	1600.00
State: District:		<b>Transaction ID : SB.193</b>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. THE HARTFORD</b>		M M / D D / Y Y Y Y 01 / 15 / 2026
Mailing Address PO BOX 783690		FEC Identification Number
City PHILADELPHIA	State PA	Zip Code 19178
Purpose of Disbursement INSURANCE		<input type="checkbox"/> 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) ▼	19.76
State: District:		<b>Transaction ID : SB.197</b>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. CAPITOL HILL CLUB</b>		M M / D D / Y Y Y Y 01 / 16 / 2026
Mailing Address 300 FIRST ST, SE		FEC Identification Number
City WASHINGTON	State DC	Zip Code 20003
Purpose of Disbursement FOOD/BEVERAGES		<input type="checkbox"/> 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) ▼	40.00
State: District:		<b>Transaction ID : SB.196</b>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1659.76
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)  
**A. COMPLIANCE CONSULTING CO OF VIRGINIA LLC**

Mailing Address **PO BOX 365**

City **MCLEAN**    State **VA**    Zip Code **22101**

Purpose of Disbursement  
**COMPLIANCE CONSULTING**

Candidate Name

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

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**01 / 21 / 2026**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**4500.00**

**Transaction ID : SB.2**

Memo Item

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

Mailing Address **PO BOX 800**

City **NEWARK**    State **NJ**    Zip Code **07101**

Purpose of Disbursement  
**LEGAL CONSULTING**

Candidate Name

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

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**01 / 21 / 2026**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**4000.00**

**Transaction ID : SB.198**

Memo Item

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

Mailing Address **PO BOX 842875**

City **BOSTON**    State **MA**    Zip Code **02284**

Purpose of Disbursement  
**PAYROLL SERVICE/TAXES**

Candidate Name

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

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**01 / 30 / 2026**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**100.23**

**Transaction ID : SB.202**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ **8600.23**

**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 38 OF 105	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. ADP</b>		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2026"/>
Mailing Address PO BOX 842875		FEC Identification Number
City BOSTON	State MA	<input type="text" value="C"/>
Zip Code 02284	Purpose of Disbursement PAYROLL SERVICE/TAXES	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="77.85"/>
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) ▼	<b>Transaction ID : SB.203</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. CMDI</b>		<input type="text" value="02"/> / <input type="text" value="05"/> / <input type="text" value="2026"/>
Mailing Address 1593 SPRING HILL RD STE 400		FEC Identification Number
City TYSONS CORNER	State VA	<input type="text" value="C"/>
Zip Code 22182	Purpose of Disbursement DATABASE MANAGEMENT SERVICE	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="1846.52"/>
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) ▼	<b>Transaction ID : SB.194</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. NORTH COUNTRY STRATEGIES LLC</b>		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2026"/>
Mailing Address 345 BANYAN BLVD UNIT 1013		FEC Identification Number
City WEST PALM BEACH	State FL	<input type="text" value="C"/>
Zip Code 33401	Purpose of Disbursement SUBSCRIPTION	Amount of Each Disbursement this Period
Candidate Name	Category/Type	<input type="text" value="475.54"/>
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) ▼	<b>Transaction ID : SB.206</b>
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="2399.91"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

# 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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. GOLD CORPS LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 4840 MACARTHUR BLVD APT 408		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20007
Purpose of Disbursement TRAVEL/OFFICE SUPPLIES		Amount of Each Disbursement this Period 2272.56
Candidate Name		Transaction ID : SB.208
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>B. COMPLIANCE CONSULTING CO OF VIRGINIA LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2026
Mailing Address PO BOX 365		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement COMPLIANCE CONSULTING		Amount of Each Disbursement this Period 4656.00
Candidate Name		Transaction ID : SB.3
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>C. WILEY REIN LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2026
Mailing Address PO BOX 800		FEC Identification Number C
City NEWARK	State NJ	Zip Code 07101
Purpose of Disbursement LEGAL CONSULTING		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : SB.199
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9928.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 40 OF 105	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. DEMOCRACY ENGINE LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2026
Mailing Address 416 FLORIDA AVE NW #26418		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement CREDIT CARD MERCHANT FEES		Amount of Each Disbursement this Period 30.30
Candidate Name		Transaction ID : SB.191
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>B. ADP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2026
Mailing Address PO BOX 842875		FEC Identification Number C
City BOSTON	State MA	Zip Code 02284
Purpose of Disbursement PAYROLL SERVICE/TAXES		Amount of Each Disbursement this Period 84.23
Candidate Name		Transaction ID : SB.204
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>C. CMDI</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 09 / 2026
Mailing Address 1593 SPRING HILL RD STE 400		FEC Identification Number C
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT SERVICE		Amount of Each Disbursement this Period 118.09
Candidate Name		Transaction ID : SB.195
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	232.62
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 105	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. BLUE LINE ASSET PROTECTION AND SECURITY SERVICES LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 11 / 2026
Mailing Address PO BOX 229		FEC Identification Number C
City CLIFTON PARK	State NY	Zip Code 12065
Purpose of Disbursement SECURITY SERVICE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1050.00	
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 : SB.205
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. TRUIST</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 17 / 2026
Mailing Address 2200 WILSON BLVD STE 100		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22209
Purpose of Disbursement BANK FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 35.00	
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 : SB.1
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. COMPLIANCE CONSULTING CO OF VIRGINIA LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2026
Mailing Address PO BOX 365		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement COMPLIANCE CONSULTING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2950.00	
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 : SB.4
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4035.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 42 OF 105	
	<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)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. WILEY REIN LLP</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2026
Mailing Address PO BOX 800		FEC Identification Number C
City NEWARK	State NJ	Zip Code 07101
Purpose of Disbursement LEGAL CONSULTING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3000.00	
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 : SB.200
State: District:	<input type="checkbox"/> Memo Item	

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

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31521.38

# 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)  
 17     18     19a     19b  
 20a     20b     20c     21

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

NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. PERL, YOEL, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2026
Mailing Address 40 SKILLMAN STREET		FEC Identification Number C
City BROOKLYN	State NY	Zip Code 11205
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB.162
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:    District:		

Full Name (Last, First, Middle Initial) <b>B. SHOSHANY, STEVEN, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2026
Mailing Address 636 BROADWAY SUITE 304		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10012
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB.160
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:    District:		

Full Name (Last, First, Middle Initial) <b>C. WEISS, DIANE, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2026
Mailing Address 1500 S OCEAN BLVD		FEC Identification Number C
City BOCA RATON	State FL	Zip Code 33432
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.161
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:    District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. DANGOOR, DAVID, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026
Mailing Address 770 PARK AVENUE #2B		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10021
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.164
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. HIRSH, KENNETH, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026
Mailing Address 300 W RIVO ALTO DRIVE		FEC Identification Number C
City MIAMI BEACH	State FL	Zip Code 33139
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.167
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. KLEIN, KIMBERLY, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026
Mailing Address 448 EAST 20TH STREET 10A		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10009
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB.169
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. LAGANAS, ELIZA, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026		
Mailing Address 2929 SHORE DRIVE			FEC Identification Number <b>C</b>		
City MERRICK	State NY	Zip Code 11566	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.168</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:					

Full Name (Last, First, Middle Initial) <b>B. MORA, JORGE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026		
Mailing Address 420 W BROADWAY PH-A			FEC Identification Number <b>C</b>		
City NEW YORK	State NY	Zip Code 10012	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.166</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:					

Full Name (Last, First, Middle Initial) <b>C. ROEPERS, ALEX, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026		
Mailing Address 432 PARK AVENUE APT 81B			FEC Identification Number <b>C</b>		
City NEW YORK	State NY	Zip Code 10022	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.163</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. WASSONG, DAVID, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026
Mailing Address 115 EAST 67TH STREET APT: PH		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10065
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB.165
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:      District:		

Full Name (Last, First, Middle Initial) <b>B. WOLF, ROBERT, S, ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026
Mailing Address 845 UNITED NATIONS PLAZA APT 22E		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10017
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.170
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:      District:		

Full Name (Last, First, Middle Initial) <b>C. WEISS, JEFFREY, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2026
Mailing Address 1544 CENTRAL AVENUE		FEC Identification Number C
City ALBANY	State NY	Zip Code 12205
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB.171
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:      District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE 47 OF 105  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)  
**A. DIMARCO, GERARD, D., ,**

Mailing Address **2 STATE STREET SUITE 975**

City **ROCHESTER**    State **NY**    Zip Code **14614**

Purpose of Disbursement  
**CONTRIBUTION REFUND**

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For: 2026  
 Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**01 / 15 / 2026**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**6500.00**

**Transaction ID : SB.172**

Memo Item

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

Mailing Address **302 KNOX WAY**

City **HOPATCONG**    State **NJ**    Zip Code **07843**

Purpose of Disbursement  
**CONTRIBUTION REFUND**

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For: 2026  
 Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**01 / 29 / 2026**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**50.00**

**Transaction ID : SB.174**

Memo Item

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

Mailing Address **PO BOX 14481**

City **ATLANTA**    State **GA**    Zip Code **30324**

Purpose of Disbursement  
**CONTRIBUTION REFUND**

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For: 2026  
 Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**01 / 29 / 2026**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**956.40**

**Transaction ID : SB.173**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ **7506.40**

**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 48 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Albers, Gregg, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 220 Fox Briar Ln		FEC Identification Number C
City Madison Heights	State VA	Zip Code 24572
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 617.47
Candidate Name		Transaction ID : SB.52
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Anderson, Cynthia, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 2641 Hy Top Rd		FEC Identification Number C
City Young Harris	State GA	Zip Code 30582
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2139.19
Candidate Name		Transaction ID : SB.42
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Aroesty, Eric, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 307 Truman Dr		FEC Identification Number C
City Cresskill	State NJ	Zip Code 07626
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB.37
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4256.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Asness, Cliff, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 730 Third Ave Fl 11			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10017	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.13</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Asness, Mrs., Laurel, ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 730 Third Ave Fl 11			FEC Identification Number <b>C</b>		
City New York	State NY	Zip Code 10017	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.99</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Auerbach, Lorna, Merrill, ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 1079 Amalfi Drive			FEC Identification Number <b>C</b>		
City Pacific Palisades	State CA	Zip Code 90272	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.96</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Baines, Kevin, H., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 457 S Marengo Ave. Unit 21		FEC Identification Number C
City Pasadena	State CA	Zip Code 91101
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 100.00
Candidate Name		Transaction ID : SB.104
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>B. Barber, Tim, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 22 Horicon Birches Rd		FEC Identification Number C
City Brant Lake	State NY	Zip Code 12815
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB.144
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. Beren, Adam, E., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 1739 Duckcross Cove		FEC Identification Number C
City Wichita	State KS	Zip Code 67206
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.7
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Berman, Myron, J., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 141 Eltingville Blvd		FEC Identification Number C
City Staten Island	State NY	Zip Code 10312
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.106
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Bieber, Albert, G., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address P.O. Box 207		FEC Identification Number C
City China	State TX	Zip Code 77613
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 300.00
Candidate Name		Transaction ID : SB.24
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Blavatnik, Alex, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 9349 COLLINS AVENUE APT 1006		FEC Identification Number C
City SURFSIDE	State FL	Zip Code 33154
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.33
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Blavatnik, Leonard, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 40 W 57th St 28th Floor		FEC Identification Number <b>C</b>
City New York	State NY	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB.100</b>
State:      District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Brach, Abraham, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 92 Emerson Pl		FEC Identification Number <b>C</b>
City Brooklyn	State NY	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB.6</b>
State:      District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Bryden, Elizabeth, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 1 W 67th St		FEC Identification Number <b>C</b>
City New York	State NY	
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB.48</b>
State:      District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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

NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Buchyn, David, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address ONE FLENSBURG DRIVE			FEC Identification Number C	
City PITTSBOWN	State NY	Zip Code 12180	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.44	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Burke, Arthur, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 450 Lexington Ave FL10			FEC Identification Number C	
City New York	State NY	Zip Code 10017	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.16	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Burke, Thomas, J., ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 270 Murray Avenue			FEC Identification Number C	
City Delmar	State NY	Zip Code 12054	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.129	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Burns, Michael, J., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 7287 Horizon Drive		FEC Identification Number C
City West Palm Beach	State FL	Zip Code 33412
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB.95
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Burns, Vicki, D., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 7287 Horizon Drive		FEC Identification Number C
City West Palm Beach	State FL	Zip Code 33412
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB.118
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Caller, Carl, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 1547 57th St		FEC Identification Number C
City Brooklyn	State NY	Zip Code 11219
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB.14
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Carpenter, John, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 385 Briarwood Lane		FEC Identification Number C
City Palatine	State IL	Zip Code 60067
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 481.91
Candidate Name		Transaction ID : SB.79
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carrion, Jose, B., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 86 Calle Cervantes		FEC Identification Number C
City San Juan	State PR	Zip Code 00907
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.69
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Carroll, David, S., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 501 Street Davids Lane		FEC Identification Number C
City Niskayuna	State NY	Zip Code 12309
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.57
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7481.91
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 56 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Cassidy, Frank, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 8523 ARDMORE AVENUE			FEC Identification Number C	
City WYNDMOOR	State PA	Zip Code 19038	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.40	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Chambers, Norman, C., ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 2001 SE Sailfish Point Blvd			FEC Identification Number C	
City Stuart	State FL	Zip Code 34996	Amount of Each Disbursement this Period 47.50	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.102	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Champs, Norman, B., , III</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 829 Park Avenue Apt. 5B			FEC Identification Number C	
City New York	State NY	Zip Code 10021	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.114	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5547.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Chouake, Ben, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 245 Hutchinson Rd		FEC Identification Number C
City Englewood	State NJ	Zip Code 07631
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.9
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Cole, Norman, R., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 115 Fawn Rdg		FEC Identification Number C
City Newnan	State GA	Zip Code 30265
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 550.00
Candidate Name		Transaction ID : SB.111
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Constantino, Anthony, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 79 Locust Avenue		FEC Identification Number C
City Amsterdam	State NY	Zip Code 12010
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Corcoran, Jessica, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 7746 Still Lakes Dr.		FEC Identification Number C
City Odessa	State FL	Zip Code 33556
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Corcoran, Michael, C., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 7746 Still Lakes Dr.		FEC Identification Number C
City Odessa	State FL	Zip Code 33556
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.90
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Cornelius, Rodney, W., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 4 Vandecarr Lane		FEC Identification Number C
City Lake George	State NY	Zip Code 12845
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.127
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

**A. Crisses, Alex, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 9 Heathcote Road

City Scarsdale State NY Zip Code 10583

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 3500.00

Transaction ID : SB.17

Memo Item

**B. D'Ambra, Constance, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4290 Filer Cove Rd

City Big Torch Key State FL Zip Code 33042

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 3500.00

Transaction ID : SB.18

Memo Item

**C. D'Ambra, Thomas, E., ,**

Full Name (Last, First, Middle Initial)

Mailing Address 4290 Filer Cove Rd

City Big Torch Key State FL Zip Code 33042

Purpose of Disbursement CONTRIBUTION REFUND

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2026  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 02 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 3500.00

Transaction ID : SB.126

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ 10500.00

**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 60 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. David, Troy, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 83 Karol Pl		FEC Identification Number C
City Jericho	State NY	Zip Code 11753
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3250.00
Candidate Name		Transaction ID : SB.125
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. De Nicola, Anthony, J., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 732 N Manasota Key Rd		FEC Identification Number C
City Englewood	State FL	Zip Code 34223
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.27
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Decker, James, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 800 Irving Ave		FEC Identification Number C
City Syracuse	State NY	Zip Code 13210
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB.81
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Deng, Long, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 2-39 54Th Avenue		FEC Identification Number C
City Long Island City	State NY	Zip Code 11101
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB.97
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Dresner, Linda, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 970 Shirley Rd		FEC Identification Number C
City Birmingham	State MI	Zip Code 48009
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB.91
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Duncan, Jan, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 2980 Lazy Lane Boulevard		FEC Identification Number C
City Houston	State TX	Zip Code 77019
Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB.62
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Eisen, Josh, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 182 Union Ave		FEC Identification Number C
City Harrison	State NY	Zip Code 10528
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Emilson, Carl, G., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 435 se Krueger Pkwy		FEC Identification Number C
City Stuart	State FL	Zip Code 34996
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 481.64
Candidate Name		Transaction ID : SB.25
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Feirstein, Barry, R., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 35 E 76th St 2401		FEC Identification Number C
City New York	State NY	Zip Code 10021
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.12
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7481.64
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fieler, Sean, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 40 Haslet Ave		FEC Identification Number C
City Princeton	State NJ	Zip Code 08540
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.138
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Fox, Saul, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 3541 Flamingo Dr.		FEC Identification Number C
City Miami Beach	State FL	Zip Code 33140
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.134
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Fox, Swoboda, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 3541 Flamingo Drive		FEC Identification Number C
City Miami Beach	State FL	Zip Code 33140
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Franklin, Larry, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 12500 san pedro ave		FEC Identification Number C
City San Antonio	State TX	Zip Code 78216
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.113
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Frazer, Michael, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 568 Lighthouse Way		FEC Identification Number C
City Sanibel	State FL	Zip Code 33957
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB.92
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Fromkin, Andrew, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 201 S Lake Dr.		FEC Identification Number C
City Belmar	State NJ	Zip Code 07719
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB.8
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 65 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Fuller, Gillian, S., ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 100 Royal Palm Way			FEC Identification Number C	
City Palm Beach	State FL	Zip Code 33480	Amount of Each Disbursement this Period 1178.71	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.55	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Gerson, Mark, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 250 W 81			FEC Identification Number C	
City New York	State NY	Zip Code 10024	Amount of Each Disbursement this Period 1500.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.116	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Gioia, Anthony, H., ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 925 Delaware Ave Apt 7D			FEC Identification Number C	
City Buffalo	State NY	Zip Code 14209	Amount of Each Disbursement this Period 1487.50	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.87	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4166.21
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Gironta, Antony, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 16389 Bridlewood Cir		FEC Identification Number C
City Delray Beach	State FL	Zip Code 33445
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Goldberg, Grigory, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 7 Silver Maple Ct		FEC Identification Number C
City Belle Mead	State NJ	Zip Code 08502
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 460.00
Candidate Name		Transaction ID : SB.78
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Hackl, Mark, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 485 Hickorynut Ave		FEC Identification Number C
City Oldsmar	State FL	Zip Code 34677
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 565.13
Candidate Name		Transaction ID : SB.112
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4525.13
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: PAGE 67 OF 105  
(check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)  
**A. Hall, James, E., ,**

Mailing Address **P.O. Box 10666**

City **Midland** State **TX** Zip Code **79702**

Purpose of Disbursement  
**CONTRIBUTION REFUND**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**02 / 09 / 2026**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**1500.00**

**Transaction ID : SB.88**

Memo Item

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

Mailing Address **262 E Main St**

City **Moorestown** State **NJ** Zip Code **08057**

Purpose of Disbursement  
**CONTRIBUTION REFUND**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**02 / 09 / 2026**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**3500.00**

**Transaction ID : SB.117**

Memo Item

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

Mailing Address **1865 Carla Ridge**

City **Beverly Hills** State **CA** Zip Code **90210**

Purpose of Disbursement  
**CONTRIBUTION REFUND**

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
M M / D D / Y Y Y Y  
**02 / 09 / 2026**

FEC Identification Number  
**C**

Amount of Each Disbursement this Period  
**3500.00**

**Transaction ID : SB.67**

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶ **8500.00**

**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 68 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Hirt, Lance, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 71 Muriel Ave		FEC Identification Number C
City Lawrence	State NY	Zip Code 11559
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB.89
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Hoffman, Thomas, , , Jr.</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 260 Van Rensselaer Blvd		FEC Identification Number C
City Albany	State NY	Zip Code 12204
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.120
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Huang, Hualin, L., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 44361 S El Macero Dr.		FEC Identification Number C
City El Macero	State CA	Zip Code 95618
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 577.11
Candidate Name		Transaction ID : SB.82
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5577.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jerome, Peggy, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 101 Oakley Pass		FEC Identification Number C
City Liberty Hill	State TX	Zip Code 78642
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2137.00
Candidate Name		Transaction ID : SB.122
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Kasselmann, Paul, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 509 S ATLANTIC DRIVE		FEC Identification Number C
City LANTANA	State FL	Zip Code 33462
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.121
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Kurtz, Richard, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 270 Sylvan Avenue		FEC Identification Number C
City Englewood Cliffs	State NJ	Zip Code 07632
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.142
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9137.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Leeds, Richard, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 5130 N Bay Rd		FEC Identification Number C
City Miami Beach	State FL	Zip Code 33140
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB.119
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lefkowitz, Yaakov, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 1334 40th Street		FEC Identification Number C
City Brooklyn	State NY	Zip Code 11218
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.124
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Levy, Edward, C., , Jr.</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 970 Shirley Rd		FEC Identification Number C
City Birmingham	State MI	Zip Code 48009
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Lewis, Barbara, D., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 87 Pinckney Street		FEC Identification Number C
City Boston	State MA	Zip Code 02114
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Lipschultz, Jennifer, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 19 Railroad Place Suite 301		FEC Identification Number C
City Saratoga Springs	State NY	Zip Code 12866
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.73
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Lipschultz, Marc, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 19 Railroad Place Suite 301		FEC Identification Number C
City Saratoga Springs	State NY	Zip Code 12866
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.115
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Loeb, Daniel, S., ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 55 Hudson Yards			FEC Identification Number C		
City New York	State NY	Zip Code 10001	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.49		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:					

Full Name (Last, First, Middle Initial) <b>B. Loeb, John, L., , Jr.</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 194 Anderson Hill Rd			FEC Identification Number C		
City Purchase	State NY	Zip Code 10577	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.61		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:					

Full Name (Last, First, Middle Initial) <b>C. Low, Joseph, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 5 Star Farm Rd			FEC Identification Number C		
City Harrison	State NY	Zip Code 10577	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.175		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:    District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Low, Joseph, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 5 Star Farm Rd		FEC Identification Number C
City Harrison	State NY	Zip Code 10577
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Macdonald, Angus, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 2501 NE 36th St		FEC Identification Number C
City Lighthouse Point	State FL	Zip Code 33064
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 111.59
Candidate Name		Transaction ID : SB.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Mack, David, S., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 1 Bridge Plz N Ste 660		FEC Identification Number C
City Fort Lee	State NJ	Zip Code 07024
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB.43
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6111.59
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marini, Robert, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 38 High Rock Ave		FEC Identification Number C
City Saratoga Springs	State NY	Zip Code 12866
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB.123
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mark, Joseph, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address P.O. Box 7138		FEC Identification Number C
City Garden City	State NY	Zip Code 11530
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.60
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Martinez, Mario, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 114 5th Ave		FEC Identification Number C
City Saratoga Springs	State NY	Zip Code 12866
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.94
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Marx, Peter, B., ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 20 Gurley Ave			FEC Identification Number C		
City Troy	State NY	Zip Code 12182	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.140		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. McBride, James, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 58 High Ridge Rd.			FEC Identification Number C		
City Norway	State ME	Zip Code 04268	Amount of Each Disbursement this Period 729.50		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.84		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. McFadden, Carol, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 2929 Wesleyan St Apt 3502			FEC Identification Number C		
City Houston	State TX	Zip Code 77027	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.26		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7729.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. McMahon, Anne, C., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 180 Fitch Road		FEC Identification Number C
City Saratoga Springs	State NY	Zip Code 12866
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1490.00
Candidate Name	Category/Type	Transaction ID : SB.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. McMahon, John, M., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 7101 Wisconsin Avenue		FEC Identification Number C
City Bethesda	State MD	Zip Code 20814
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name	Category/Type	Transaction ID : SB.70
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. McManus, Daniel, B., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 4 Woodsbridge Rd		FEC Identification Number C
City Katonah	State NY	Zip Code 10536
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	Transaction ID : SB.51
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5490.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Miller, Anne, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 6 Ronna Rd		FEC Identification Number C
City Gloucester	State MA	Zip Code 01930
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 619.32
Candidate Name		Transaction ID : SB.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Molton, David, J., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 385 W End Ave		FEC Identification Number C
City New York	State NY	Zip Code 10024
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB.58
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Morrell, James, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 19 Carriage Hill Dr		FEC Identification Number C
City Latham	State NY	Zip Code 12110
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.71
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5619.32
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Morse, Phillip, H., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 218 Loch Drive		FEC Identification Number C
City Jupiter	State FL	Zip Code 33458
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.128
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Moskowitz, Yechezkel, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 471 Sheridan Blvd 60		FEC Identification Number C
City Inwood	State NY	Zip Code 11096
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.135
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Murnane, John, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 10 Marian Pl		FEC Identification Number C
City Millwood	State NY	Zip Code 10546
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.72
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Nutter, Barry, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026		
Mailing Address 441 Keisel Ct			FEC Identification Number C		
City Powell	State OH	Zip Code 43065	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.15		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Ozburn, Christine, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026		
Mailing Address PO Box 14481			FEC Identification Number C		
City Atlanta	State GA	Zip Code 30324	Amount of Each Disbursement this Period 1516.44		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.11		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Paladino, Carl, P., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026		
Mailing Address 295 Main Road Ste 700			FEC Identification Number C		
City Buffalo	State NY	Zip Code 14203	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.35		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8516.44
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 80 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Panar, Manny, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 3118 Gracefield Rd Apt T01		FEC Identification Number C
City Silver Spring	State MD	Zip Code 20904
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.109
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Paniccia, Carlo, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 2 Mindy court		FEC Identification Number C
City Locust Valley	State NY	Zip Code 11560
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.22
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Parker, Joshua, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 705 Sloan St		FEC Identification Number C
City Taylor	State TX	Zip Code 76574
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 143.56
Candidate Name		Transaction ID : SB.74
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7143.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Prince, Stephen, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 385 West 12th Street TH1		FEC Identification Number C
City New York	State NY	Zip Code 10014
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.133
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Psaros, Michael, G., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 520 Park Ave Apt 27		FEC Identification Number C
City New York	State NY	Zip Code 10065
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.108
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Puskar, John, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 36 Earley CT		FEC Identification Number C
City Bethany	State CT	Zip Code 06524
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB.63
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 82 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Rea, Bonita, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 11459 Hackett Rd			FEC Identification Number <b>C</b>	
City Roswell	State GA	Zip Code 30075	Amount of Each Disbursement this Period 602.85	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.28</b>	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Reynolds, Gaylene, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 1606 Mothershead LN			FEC Identification Number <b>C</b>	
City De Soto	State MO	Zip Code 63020	Amount of Each Disbursement this Period 1100.29	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.53</b>	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Rosen, Adeena, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 111 South Morris Lane			FEC Identification Number <b>C</b>	
City Scarsdale	State NY	Zip Code 10583	Amount of Each Disbursement this Period 776.86	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.31</b>	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2480.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sabin, Andrew, E., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 300 Pantigo Pl Ste 102		FEC Identification Number C
City East Hampton	State NY	Zip Code 11937
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.10
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sansone, Tom, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 2201 4th St N Ste 201		FEC Identification Number C
City St Petersburg	State FL	Zip Code 33704
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.137
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Schwarzman, Stephen, A., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 345 Park Ave		FEC Identification Number C
City New York	State NY	Zip Code 10154
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.132
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Sedley, Jill, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 17950 Lake Estates Drive			FEC Identification Number C		
City Boca Raton	State FL	Zip Code 33496	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.85		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:                  District:					

Full Name (Last, First, Middle Initial) <b>B. Sedley, Ronald, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 17950 Lake Estates Drive			FEC Identification Number C		
City Boca Raton	State FL	Zip Code 33496	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.141		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:                  District:					

Full Name (Last, First, Middle Initial) <b>C. Semcer, Frank, J., ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 27603 Riverbank Dr.			FEC Identification Number C		
City Bonita Springs	State FL	Zip Code 34134	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.39		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State:                  District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Shields, Maury, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 210 El Brillo Way		FEC Identification Number C
City Palm Beach	State FL	Zip Code 33480
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB.93
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Siegel, Jeanne, Sorensen, ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 781 5th Ave. Apt. 605		FEC Identification Number C
City New York	State NY	Zip Code 10022
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB.68
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Singer, Paul, Elliot, ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 340 Royal Poinciana Way Ste 317		FEC Identification Number C
City Palm Beach	State FL	Zip Code 33480
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.143
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 86 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Snearly, Martha, Damaske, ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 8055 Twin Oaks Dr.		FEC Identification Number C
City Broadview Heights	State OH	Zip Code 44147
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3210.74
Candidate Name		Transaction ID : SB.98
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Sokolov, Konstantin, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 7914 Harbor Island Dr #305		FEC Identification Number C
City North Bay Village	State FL	Zip Code 33141
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1502.00
Candidate Name		Transaction ID : SB.64
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Springel, Carl, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address 61 Appleton Rd		FEC Identification Number C
City Rexford	State NY	Zip Code 12148
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 53.00
Candidate Name		Transaction ID : SB.103
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4765.74
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Stahl, Helene, Fried, ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 6398 Avalon Pointe Ct		FEC Identification Number C
City Boca Raton	State FL	Zip Code 33496
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.80
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Stahl, Lewis, A., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 6398 NW 40Th Court		FEC Identification Number C
City Boca Raton	State FL	Zip Code 33496
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.105
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Stanfill, Craig, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 43 Huckleberry Hill Rd		FEC Identification Number C
City Lincoln	State MA	Zip Code 01773
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.45
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Steinmann, Catherine, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 1185 Park Ave Apt 4H			FEC Identification Number C		
City New York	State NY	Zip Code 10128	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.34		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Steinmann, David, P., ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 1185 Park Ave Apt 4H			FEC Identification Number C		
City New York	State NY	Zip Code 10128	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.46		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Steinmann, Gabriel, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026		
Mailing Address 915 Trellises Dr			FEC Identification Number C		
City Florence	State KY	Zip Code 41042	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.36		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)  
**A. Stern, Elizabeth, May, ,**

Mailing Address 20 Doris Dr.

City Scarsdale    State NY    Zip Code 10583

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For: 2026  
 Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
MM / DD / YYYY  
02 / 09 / 2026

FEC Identification Number  
C

Amount of Each Disbursement this Period  
3500.00

Transaction ID : SB.54

Memo Item

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

Mailing Address 232 Baltusrol Way

City Springfield    State NJ    Zip Code 07081

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For: 2026  
 Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
MM / DD / YYYY  
02 / 09 / 2026

FEC Identification Number  
C

Amount of Each Disbursement this Period  
500.00

Transaction ID : SB.110

Memo Item

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

Mailing Address 4 Tower Place

City Albany    State NY    Zip Code 12203

Purpose of Disbursement  
CONTRIBUTION REFUND

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For: 2026  
 Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
MM / DD / YYYY  
02 / 09 / 2026

FEC Identification Number  
C

Amount of Each Disbursement this Period  
3500.00

Transaction ID : SB.56

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 90 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Taylor, Margaretta, J., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 2 Sutton Sq			FEC Identification Number <b>C</b>	
City New York	State NY	Zip Code 10022	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.107</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Terwilliger, Patricia, B., ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 6020 Winterthur Dr.			FEC Identification Number <b>C</b>	
City Sandy Springs	State GA	Zip Code 30328	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.130</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Tratt, Irit, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 6 Crest Ln			FEC Identification Number <b>C</b>	
City Scarsdale	State NY	Zip Code 10583	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : <b>SB.66</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 91 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Vawter, Steve, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 1701 Catalina Ave			FEC Identification Number C	
City Seal Beach	State CA	Zip Code 90740	Amount of Each Disbursement this Period 270.54	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.136	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Venera, Vincent, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address 5602 Arnold Ave.			FEC Identification Number C	
City Maspeth	State NY	Zip Code 11378	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.139	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Wallach, Robert, , ,</b>			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026	
Mailing Address P.O Box 430			FEC Identification Number C	
City Mill Neck	State NY	Zip Code 11765	Amount of Each Disbursement this Period 3500.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.131	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4270.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Weinstein, Adam, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 229 EAST 85TH STREET UNIT 431		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10028
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Weiss, Diane, N., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 1500 S Ocean Blvd		FEC Identification Number C
City Boca Raton	State FL	Zip Code 33432
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.59
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Wenger, Edward, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 450 SE Fifth Avenue		FEC Identification Number C
City Boca Raton	State FL	Zip Code 33432
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2020.51
Candidate Name		Transaction ID : SB.41
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9020.51
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Wheeler, Kurt, C., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 6135 Lake Geneva Dr.		FEC Identification Number C
City Reno	State NV	Zip Code 89511
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.76
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Withiam, Jack, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 20 North Live Oak		FEC Identification Number C
City Hilton Head Island	State SC	Zip Code 29928
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 221.65
Candidate Name		Transaction ID : SB.75
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Wood, Deborah, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 9360 Stricklands Crossroads Rd		FEC Identification Number C
City Benson	State NC	Zip Code 27504
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 94.36
Candidate Name		Transaction ID : SB.47
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3816.01
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 105			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Zervos, Joanne, A., ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 11 Jeffrey Ln		FEC Identification Number C
City Westhampton Beach	State NY	Zip Code 11978
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : SB.65
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Oneida Indian Nation</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 1 Territory Rd		FEC Identification Number C
City Oneida	State NY	Zip Code 13421
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.101
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Gerson, Mark, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 13 / 2026
Mailing Address 250 W 81		FEC Identification Number C
City New York	State NY	Zip Code 10024
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.176
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 95 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Murnane, John, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 18 / 2026
Mailing Address 10 Marian Pl		FEC Identification Number C
City Millwood	State NY	Zip Code 10546
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.177
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. AFLALO, YAEL, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2026
Mailing Address 174 W 4TH STREET 266		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10014
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.178
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DAVIES, DANIEL, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 24 / 2026
Mailing Address PO BOX 201		FEC Identification Number C
City CLEAVERDALE	State NY	Zip Code 12820
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB.179
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 96 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. ZAPPONE, JAMES, M, ,</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2026
Mailing Address 126 FULLER ROAD		FEC Identification Number C
City QUEENSBURY	State NY	Zip Code 12804
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : SB.180
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. OPPERMAN, WILLIAM, M., ,</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2026
Mailing Address 2080 STATE ROUTE 65		FEC Identification Number C
City BLOOMFIELD	State NY	Zip Code 14469
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 200.00
Candidate Name		Transaction ID : SB.181
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. MORGAN, DAVID, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2026
Mailing Address 4805 N GREENTREE DRIVE W.		FEC Identification Number C
City LITCHFIELD PARK	State AZ	Zip Code 85340
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		Transaction ID : SB.182
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. COOPER, MARC, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address 944 SE ATLANTIC DRIVE		FEC Identification Number C
City LANTANA	State FL	Zip Code 33462
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:	Transaction ID : SB.183 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Caller, Carl, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2026
Mailing Address 1547 57th St		FEC Identification Number C
City Brooklyn	State NY	Zip Code 11219
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 3500.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:	Transaction ID : SB.184 <input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. TAYLOR, CATHERINE, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 12 / 2026
Mailing Address 5600 W. LOVERS LN SUITE 116-386		FEC Identification Number C
City DALLAS	State TX	Zip Code 75209
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1650.00
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State:    District:	Transaction ID : SB.159 <input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	8650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 98 OF 105	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. TAYLOR, CATHERINE, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2026	
Mailing Address 5600 W. LOVERS LN SUITE 116-386			FEC Identification Number <b>C</b>	
City DALLAS	State TX	Zip Code 75209	Amount of Each Disbursement this Period 2350.00	
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : <b>SB.5</b>	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. WROCLAWSKI, NANCY, B, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2026	
Mailing Address 3443 CRESCENT ST APT 3G			FEC Identification Number <b>C</b>	
City ASTORIA	State NY	Zip Code 11106	Amount of Each Disbursement this Period 25.00	
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : <b>SB.185</b>	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. BURKAN, JONATHAN, W, ,</b>			Date of Disbursement M M / D D / Y Y Y Y 03 / 16 / 2026	
Mailing Address 9 WINFIELD AVE			FEC Identification Number <b>C</b>	
City HARRISON	State NY	Zip Code 10528	Amount of Each Disbursement this Period 1000.00	
Purpose of Disbursement CONTRIBUTION REFUND			Transaction ID : <b>SB.186</b>	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. TSANAS, JOHN, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 18 / 2026
Mailing Address 25 SUTTON PLACE SOUTH APT 15P		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10022
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB.187
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:    District:		

Full Name (Last, First, Middle Initial) <b>B. GRIFFIS, MONIKA, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 23 / 2026
Mailing Address 5842 BERMUDA COURT		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB.188
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:    District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	428567.77

**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 100 OF 105	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. RAPTOR PAC CR</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026
Mailing Address PO BOX 4864		FEC Identification Number C C00749481
City MIDLAND	State TX	Zip Code 79704
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : SB.190
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. BUILDING A NATIONAL KNOWLEDGEABLE SECURITY PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2026
Mailing Address PO BOX 11463		FEC Identification Number C C00650267
City FORT WAYNE	State IN	Zip Code 46858
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : SB.189
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Emmer For Congress</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address P.O. Box 998		FEC Identification Number C C00545749
City Anoka	State MN	Zip Code 55303
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : SB.153
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 101 OF 105	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. Jim Jordan For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address P.O. Box 183		FEC Identification Number C 000416594
City Hudson	State WI	Zip Code 54016
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : SB.150
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Scalise For Congress</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address P.O. Box 23219		FEC Identification Number C 000394957
City New Orleans	State LA	Zip Code 70183
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : SB.149
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. VIRGINIA FOXX FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address PO BOX 2676		FEC Identification Number C 000386748
City BOONE	State NC	Zip Code 28607
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 2000.00
Candidate Name		Transaction ID : SB.147
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 102 OF 105	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN REVIVAL PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address 228 S. Washington St. STE 115		FEC Identification Number C 00639229
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : SB.157
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ANN PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address P.O. Box 3535		FEC Identification Number C 00531764
City Ballwin	State MO	Zip Code 63022
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : SB.152
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. DIRIGO PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026
Mailing Address PO BOX 1355		FEC Identification Number C 00391797
City ALEXANDRIA	State VA	Zip Code 22313
Purpose of Disbursement CONTRIBUTION REFUND		Amount of Each Disbursement this Period 5000.00
Candidate Name		Transaction ID : SB.148
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 103 OF 105	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. E-Pac</b>		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 09 / 2026
Mailing Address P.O. Box 500		FEC Identification Number
City Glens Falls	State NY	Zip Code 12801
Purpose of Disbursement CONTRIBUTION REFUND		<input type="text"/> <b>C</b> C00570945
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 5000.00
State: District:		<b>Transaction ID : SB.154</b>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Electing Majority Making Effective Republicans P</b>		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 09 / 2026
Mailing Address P.O. Box 183		FEC Identification Number
City ANOKA	State MN	Zip Code 55303
Purpose of Disbursement CONTRIBUTION REFUND		<input type="text"/> <b>C</b> C00592089
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 5000.00
State: District:		<b>Transaction ID : SB.156</b>
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Eye Of The Tiger Pac</b>		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 09 / 2026
Mailing Address P.O. Box 2485		FEC Identification Number
City Springfield	State VA	Zip Code 22152
Purpose of Disbursement CONTRIBUTION REFUND		<input type="text"/> <b>C</b> C00467431
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text"/> 1000.00
State: District:		<b>Transaction ID : SB.151</b>
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text"/> 11000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

**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 104 OF 105	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. FIGHT ON PAC</b>		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 09 / 2026
Mailing Address PO BOX 811		FEC Identification Number
City MARION	State IA	<input type="text"/> C <input type="text"/> C00762328
Zip Code 52302	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text"/> 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB.158</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. TRUE NORTH PAC</b>		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 09 / 2026
Mailing Address 901 N WASHINGTON ST, SUITE 700		FEC Identification Number
City ALEXANDRIA	State VA	<input type="text"/> C <input type="text"/> C00571000
Zip Code 22314	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text"/> 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB.155</b>
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. NEW YORK STATE CONSERVATIVE PARTY</b>		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 09 / 2026
Mailing Address 8829 FT HAMILTON PKWY D1		FEC Identification Number
City BROOKLYN	State NY	<input type="text"/> C <input type="text"/> C00282343
Zip Code 11209	Purpose of Disbursement CONTRIBUTION REFUND	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="text"/> 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID : SB.146</b>
State: District:		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text"/> 15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

# 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 105 OF 105	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Elise for Congress**

Full Name (Last, First, Middle Initial) <b>A. NY REPUBLICAN FEDERAL CAMPAIGN COMMITTEE</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2026	
Mailing Address 315 STATE STREET			FEC Identification Number C C00055582	
City ALBANY	State NY	Zip Code 12210	Amount of Each Disbursement this Period 5000.00	
Purpose of Disbursement CONTRIBUTION REFUND		Category/ Type	Transaction ID : SB.145	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B.</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) <b>C.</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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	64000.00