

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

CONSTANTINO FOR CONGRESS, INC.

ADDRESS (number and street) PO BOX 109
Check if different than previously reported. (ACC) FONDA NY 12068
CITY ▲ STATE ▲ ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00892737

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 06 / 23 / 2026 in the State of NY

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

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 04 / 01 / 2026 through 06 / 03 / 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 GONZALEZ, BRITNEY, , ,

Signature of Treasurer GONZALEZ, BRITNEY, , ,

Date 06 / 11 / 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

CONSTANTINO FOR CONGRESS, INC.

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2026 To: M M / D D / Y Y Y Y 06 / 03 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2809332.22	6926318.06
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	3478.61
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2809332.22	6922839.45
8. Cash on Hand at Close of Reporting Period (from Line 27)		
	3126869.25	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		
	10000000.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

CONSTANTINO FOR CONGRESS, INC.

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	2400000.00	10000000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	2400000.00	10000000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	3478.61
15. OTHER RECEIPTS (Dividends, Interest, etc.)	19669.69	49708.70
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	2419669.69	10053187.31

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.....	2809332.22	6926318.06
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2809332.22	6926318.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3516531.78
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2419669.69
25. SUBTOTAL (add Line 23 and Line 24).....	5936201.47
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2809332.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3126869.25

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 160
(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)
CONSTANTINO FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
CONSTANTINO, ANTHONY, THOMAS, ,

Mailing Address PO BOX 109

City FONDA State NY Zip Code 12068

FEC ID number of contributing federal political committee. **C** C00892737

Name of Employer STICKER MULE Occupation CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7400000.00

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

Transaction ID : SA13A.1376

Amount of Each Receipt this Period
2400000.00

Memo Item
PERSONAL LOAN FROM CANDIDATE

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).....▶	2400000.00
TOTAL This Period (last page this line number only).....▶	2400000.00

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

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

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

A. Full Name (Last, First, Middle Initial)
 CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City: MCLEAN State: VA Zip Code: 22101

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 49708.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 01 / 2026

Transaction ID : SA15.1328

Amount of Each Receipt this Period
 8752.56

Memo Item
 INTEREST INCOME

B. Full Name (Last, First, Middle Initial)
 CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City: MCLEAN State: VA Zip Code: 22101

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 49708.70

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

Transaction ID : SA15.1329

Amount of Each Receipt this Period
 7610.96

Memo Item
 INTEREST INCOME

C. Full Name (Last, First, Middle Initial)
 CHAIN BRIDGE BANK

Mailing Address 1445-A LAUGHLIN AVE

City: MCLEAN State: VA Zip Code: 22101

FEC ID number of contributing federal political committee: C

Name of Employer: Occupation:

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
 49708.70

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 01 / 2026

Transaction ID : SA15.1330

Amount of Each Receipt this Period
 3306.17

Memo Item
 INTEREST INCOME

SUBTOTAL of Receipts This Page (optional).....▶	19669.69
TOTAL This Period (last page this line number only).....▶	19669.69

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 160	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. BALL, EMILY , , ,		Date of Disbursement MM / DD / YYYY 05 / 01 / 2026
Mailing Address 155 BAY ST APT 1		FEC Identification Number C
City GLENS FALLS	State NY	Zip Code 12801
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 186.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1462
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BALL, EMILY , , ,		Date of Disbursement MM / DD / YYYY 05 / 07 / 2026
Mailing Address 155 BAY ST APT 1		FEC Identification Number C
City GLENS FALLS	State NY	Zip Code 12801
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 54.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1463
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BALL, EMILY , , ,		Date of Disbursement MM / DD / YYYY 05 / 15 / 2026
Mailing Address 155 BAY ST APT 1		FEC Identification Number C
City GLENS FALLS	State NY	Zip Code 12801
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 189.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1464
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	429.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 160			
	<input checked="" type="checkbox"/> 17 <input 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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CAVANAGH, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 149 WESTERN AVE APT 5		FEC Identification Number C
City ALBANY	State NY	Zip Code 12203
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 220.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1478
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CAVANAGH, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2026
Mailing Address 149 WESTERN AVE APT 5		FEC Identification Number C
City ALBANY	State NY	Zip Code 12203
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 100.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1479
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CAVANAGH, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026
Mailing Address 149 WESTERN AVE APT 5		FEC Identification Number C
City ALBANY	State NY	Zip Code 12203
Purpose of Disbursement PAYROLL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 140.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1480
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	460.00
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 9 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CAVANAGH, THOMAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026	
Mailing Address 149 WESTERN AVE APT 5			FEC Identification Number C	
City ALBANY	State NY	Zip Code 12203	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.I1481	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CAVANAGH, THOMAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2026	
Mailing Address 149 WESTERN AVE APT 5			FEC Identification Number C	
City ALBANY	State NY	Zip Code 12203	Amount of Each Disbursement this Period 420.00	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.I1482	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. CAVANAGH, THOMAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2026	
Mailing Address 149 WESTERN AVE APT 5			FEC Identification Number C	
City ALBANY	State NY	Zip Code 12203	Amount of Each Disbursement this Period 400.00	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.I1483	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1120.00
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 10 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CAVANAGH, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026
Mailing Address 149 WESTERN AVE APT 5		FEC Identification Number C
City ALBANY	State NY	Zip Code 12203
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.I1484
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. CAVANAGH, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026
Mailing Address 149 WESTERN AVE APT 5		FEC Identification Number C
City ALBANY	State NY	Zip Code 12203
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.I1485
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CAVANAGH, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 149 WESTERN AVE APT 5		FEC Identification Number C
City ALBANY	State NY	Zip Code 12203
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 27.18
Candidate Name		Transaction ID : SB17.I1486
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1027.18
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CURRY, GLENN, , ,		Date of Disbursement MM / DD / YYYY 05 / 21 / 2026
Mailing Address 1209 MADISON AVE		FEC Identification Number C
City WATERTOWN	State NY	Zip Code 13601
Purpose of Disbursement RADIO ADVERTISING / RADIO PRODUCTION		Amount of Each Disbursement this Period 5400.00
Candidate Name		Transaction ID : SB17.I1474
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. DONOVAN, TRACY, , ,		Date of Disbursement MM / DD / YYYY 04 / 03 / 2026
Mailing Address 1022 N WESTCOTT ROAD		FEC Identification Number C
City SCHENECTADY	State NY	Zip Code 12306
Purpose of Disbursement PETITIONING		Amount of Each Disbursement this Period 465.00
Candidate Name		Transaction ID : SB17.I1631
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. DONOVAN, TRACY, , ,		Date of Disbursement MM / DD / YYYY 05 / 07 / 2026
Mailing Address 1022 N WESTCOTT ROAD		FEC Identification Number C
City SCHENECTADY	State NY	Zip Code 12306
Purpose of Disbursement PETITIONING		Amount of Each Disbursement this Period 285.00
Candidate Name		Transaction ID : SB17.I1632
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6150.00
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 12 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ESTEP, CHRISTOPHER, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2026		
Mailing Address 2434 STATE HWY 30A			FEC Identification Number C		
City FONDA	State NY	Zip Code 12068	Amount of Each Disbursement this Period 1965.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1434		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ESTEP, CHRISTOPHER, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2026		
Mailing Address 2434 STATE HWY 30A			FEC Identification Number C		
City FONDA	State NY	Zip Code 12068	Amount of Each Disbursement this Period 1824.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1435		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ESTEP, CHRISTOPHER, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026		
Mailing Address 2434 STATE HWY 30A			FEC Identification Number C		
City FONDA	State NY	Zip Code 12068	Amount of Each Disbursement this Period 2054.10		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1436		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5843.10
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 160	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ESTEP, CHRISTOPHER, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026	
Mailing Address 2434 STATE HWY 30A			FEC Identification Number C	
City FONDA	State NY	Zip Code 12068	Amount of Each Disbursement this Period 2119.50	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1437	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. FELLOWS, MICHAEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026	
Mailing Address 124 HOPSON ST			FEC Identification Number C	
City UTICA	State NY	Zip Code 13502	Amount of Each Disbursement this Period 180.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1552	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. FELLOWS, MICHAEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026	
Mailing Address 124 HOPSON ST			FEC Identification Number C	
City UTICA	State NY	Zip Code 13502	Amount of Each Disbursement this Period 623.40	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1553	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2922.90
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)
 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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FELLOWS, MICHAEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026		
Mailing Address 124 HOPSON ST			FEC Identification Number C		
City UTICA	State NY	Zip Code 13502	Amount of Each Disbursement this Period 534.60		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1554		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. FELLOWS, MICHAEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026		
Mailing Address 124 HOPSON ST			FEC Identification Number C		
City UTICA	State NY	Zip Code 13502	Amount of Each Disbursement this Period 774.60		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1555		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. GASIEWSKI, KRISTY, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026		
Mailing Address 440 W ERIE AVE			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19140	Amount of Each Disbursement this Period 52.13		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.I1653		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1361.33
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GASIEWSKI, KRISTY, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2026		
Mailing Address 440 W ERIE AVE			FEC Identification Number C		
City PHILADELPHIA	State PA	Zip Code 19140	Amount of Each Disbursement this Period 180.95		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.I1654		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. GOLDEN, LINDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026		
Mailing Address 3 CARROLL ST			FEC Identification Number C		
City QUEENSBURY	State NY	Zip Code 12804	Amount of Each Disbursement this Period 31.50		
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB17.I1337		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. GOLDEN, LINDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2026		
Mailing Address 3 CARROLL ST			FEC Identification Number C		
City QUEENSBURY	State NY	Zip Code 12804	Amount of Each Disbursement this Period 720.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1535		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	932.45
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GOLDEN, LINDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026	
Mailing Address 3 CARROLL ST			FEC Identification Number C	
City QUEENSBURY	State NY	Zip Code 12804	Amount of Each Disbursement this Period 561.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1536	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. GOLDEN, LINDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2026	
Mailing Address 3 CARROLL ST			FEC Identification Number C	
City QUEENSBURY	State NY	Zip Code 12804	Amount of Each Disbursement this Period 820.50	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1537	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. GOLDEN, LINDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026	
Mailing Address 3 CARROLL ST			FEC Identification Number C	
City QUEENSBURY	State NY	Zip Code 12804	Amount of Each Disbursement this Period 1203.90	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1538	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2585.40
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 17 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GOLDEN, LINDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026	
Mailing Address 3 CARROLL ST			FEC Identification Number C	
City QUEENSBURY	State NY	Zip Code 12804	Amount of Each Disbursement this Period 1134.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1539	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. GOLDEN, LINDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026	
Mailing Address 3 CARROLL ST			FEC Identification Number C	
City QUEENSBURY	State NY	Zip Code 12804	Amount of Each Disbursement this Period 985.50	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1540	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. GOLDEN, LINDA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2026	
Mailing Address 3 CARROLL ST			FEC Identification Number C	
City QUEENSBURY	State NY	Zip Code 12804	Amount of Each Disbursement this Period 1200.60	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1541	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3320.10
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GOLDEN, LINDA, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026
Mailing Address 3 CARROLL ST		FEC Identification Number C
City QUEENSBURY	State NY	Zip Code 12804
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1189.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1542
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GOLDEN, LINDA, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026
Mailing Address 3 CARROLL ST		FEC Identification Number C
City QUEENSBURY	State NY	Zip Code 12804
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1133.10	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1543
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GRADY, PATTY, , , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026
Mailing Address 95 FULLERTON AVE		FEC Identification Number C
City SCHENECTADY	State NY	Zip Code 12304
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 300.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1581
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2622.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GRADY, PATTY , , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026	
Mailing Address 95 FULLERTON AVE			FEC Identification Number C	
City SCHENECTADY	State NY	Zip Code 12304	Amount of Each Disbursement this Period 255.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1582	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. GRADY, PATTY , , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026	
Mailing Address 95 FULLERTON AVE			FEC Identification Number C	
City SCHENECTADY	State NY	Zip Code 12304	Amount of Each Disbursement this Period 142.50	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1583	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. GRADY, PATTY , , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026	
Mailing Address 95 FULLERTON AVE			FEC Identification Number C	
City SCHENECTADY	State NY	Zip Code 12304	Amount of Each Disbursement this Period 75.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1584	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	472.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. HOOGKAMP, SHANNON, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026
Mailing Address 400 S SHORE ROAD		FEC Identification Number C
City DELANSON	State NY	Zip Code 12053
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 60.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1593
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HOOGKAMP, SHANNON, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026
Mailing Address 400 S SHORE ROAD		FEC Identification Number C
City DELANSON	State NY	Zip Code 12053
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 360.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1594
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HOOGKAMP, SHANNON, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026
Mailing Address 400 S SHORE ROAD		FEC Identification Number C
City DELANSON	State NY	Zip Code 12053
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 206.25	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1595
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	626.25
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KEAL, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2026		
Mailing Address 612 5TH AVE			FEC Identification Number C		
City TROY	State NY	Zip Code 12182	Amount of Each Disbursement this Period 630.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1637		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. KEAL, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026		
Mailing Address 612 5TH AVE			FEC Identification Number C		
City TROY	State NY	Zip Code 12182	Amount of Each Disbursement this Period 237.60		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1638		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. KEAL, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026		
Mailing Address 612 5TH AVE			FEC Identification Number C		
City TROY	State NY	Zip Code 12182	Amount of Each Disbursement this Period 383.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1639		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1250.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KEAL, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026	
Mailing Address 612 5TH AVE			FEC Identification Number C	
City TROY	State NY	Zip Code 12182	Amount of Each Disbursement this Period 560.10	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1640	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. KEAL, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2026	
Mailing Address 612 5TH AVE			FEC Identification Number C	
City TROY	State NY	Zip Code 12182	Amount of Each Disbursement this Period 496.50	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1641	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. KEAL, WILLIAM, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026	
Mailing Address 612 5TH AVE			FEC Identification Number C	
City TROY	State NY	Zip Code 12182	Amount of Each Disbursement this Period 393.90	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1642	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1450.50
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)
 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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KEAL, WILLIAM, , ,		Date of Disbursement MM / DD / YYYY 05 / 29 / 2026
Mailing Address 612 5TH AVE		FEC Identification Number C
City TROY	State NY	Zip Code 12182
Purpose of Disbursement PETITIONING		Amount of Each Disbursement this Period 210.90
Candidate Name		Transaction ID : SB17.I1643
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. KELLY, THOMAS, , ,		Date of Disbursement MM / DD / YYYY 04 / 17 / 2026
Mailing Address 101 N PERRY ST		FEC Identification Number C
City JOHNSTOWN	State NY	Zip Code 12095
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 499.46
Candidate Name		Transaction ID : SB17.I1331
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. DOUBLETREE BY HILTON		Date of Disbursement MM / DD / YYYY 04 / 17 / 2026
Mailing Address 102 LAFAYETTE ST		FEC Identification Number C
City UTICA	State NY	Zip Code 13582
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 499.46
Candidate Name		Transaction ID : SB17.I1339
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	710.36
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KELLY, THOMAS, , ,		Date of Disbursement MM / DD / YYYY 05 / 01 / 2026
Mailing Address 101 N PERRY ST		FEC Identification Number C
City JOHNSTOWN	State NY	Zip Code 12095
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 275.00
Candidate Name		Transaction ID : SB17.I1332
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. DUTCH MART		Date of Disbursement MM / DD / YYYY 05 / 01 / 2026
Mailing Address 218 ROUTE 30		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 275.00
Candidate Name		Transaction ID : SB17.I1340
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. KELLY, THOMAS, , ,		Date of Disbursement MM / DD / YYYY 05 / 07 / 2026
Mailing Address 101 N PERRY ST		FEC Identification Number C
City JOHNSTOWN	State NY	Zip Code 12095
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 576.00
Candidate Name		Transaction ID : SB17.I1333
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	851.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 160	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. HOTEL SARANAC			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026	
Mailing Address 100 MAIN STREET			FEC Identification Number C	
City SARANAC LAKE	State NY	Zip Code 12983	Amount of Each Disbursement this Period 261.00	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I1342	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. STEWART'S SHOP			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026	
Mailing Address PO BOX 435			FEC Identification Number C	
City SARATOGA SPRINGS	State NY	Zip Code 12866	Amount of Each Disbursement this Period 315.00	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I1341	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. KELLY, THOMAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2026	
Mailing Address 101 N PERRY ST			FEC Identification Number C	
City JOHNSTOWN	State NY	Zip Code 12095	Amount of Each Disbursement this Period 755.56	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I1334	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	755.56
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. DUTCH MART		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2026
Mailing Address 218 ROUTE 30		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 100.00
Candidate Name		Transaction ID : SB17.I1344
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. HAMPTON INN		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2026
Mailing Address 586 STATE RTE 3		FEC Identification Number C
City PLATTSBURGH	State NY	Zip Code 12901
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 248.60
Candidate Name		Transaction ID : SB17.I1345
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. LA QUINTA INN		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2026
Mailing Address 16 PLAZA BOULEVARD		FEC Identification Number C
City PLATTSBURGH	State NY	Zip Code 12901
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 216.96
Candidate Name		Transaction ID : SB17.I1347
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 27 OF 160	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
A. KELLY, THOMAS, , ,

Mailing Address 101 N PERRY ST

City JOHNSTOWN State NY Zip Code 12095

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 22 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 571.00

Transaction ID : SB17.I1335

Memo Item

Full Name (Last, First, Middle Initial)
B. HOME 2 SUITS BY HILTON

Mailing Address 119 N GENESEE ST

City UTICA State NY Zip Code 13502

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 22 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 220.00

Transaction ID : SB17.I1348

Memo Item

Full Name (Last, First, Middle Initial)
C. STEWART'S SHOP

Mailing Address PO BOX 435

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 22 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 151.00

Transaction ID : SB17.I1349

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 571.00

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 28 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KELLY, THOMAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026	
Mailing Address 101 N PERRY ST			FEC Identification Number C	
City JOHNSTOWN	State NY	Zip Code 12095	Amount of Each Disbursement this Period 598.89	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I1336	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. HAMPTON INN AND SUITES			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026	
Mailing Address 801 MIRROR LAKE DRIVE			FEC Identification Number C	
City LAKE PLACID	State NY	Zip Code 12946	Amount of Each Disbursement this Period 316.54	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I1352	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. STEWART'S SHOP			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026	
Mailing Address PO BOX 435			FEC Identification Number C	
City SARATOGA SPRINGS	State NY	Zip Code 12866	Amount of Each Disbursement this Period 282.35	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I1353	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	598.89
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KELLY, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2026
Mailing Address 101 N PERRY ST		FEC Identification Number C
City JOHNSTOWN	State NY	Zip Code 12095
Purpose of Disbursement PETITIONING / MILEAGE		Amount of Each Disbursement this Period 5415.00
Candidate Name		Transaction ID : SB17.I1615
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. KELLY, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 01 / 2026
Mailing Address 101 N PERRY ST		FEC Identification Number C
City JOHNSTOWN	State NY	Zip Code 12095
Purpose of Disbursement PETITIONING		Amount of Each Disbursement this Period 4502.85
Candidate Name		Transaction ID : SB17.I1616
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. KELLY, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 101 N PERRY ST		FEC Identification Number C
City JOHNSTOWN	State NY	Zip Code 12095
Purpose of Disbursement PETITIONING		Amount of Each Disbursement this Period 2182.00
Candidate Name		Transaction ID : SB17.I1617
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	12099.85
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 30 OF 160			
	<input checked="" type="checkbox"/> 17 <input 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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KELLY, THOMAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2026		
Mailing Address 101 N PERRY ST			FEC Identification Number C		
City JOHNSTOWN	State NY	Zip Code 12095	Amount of Each Disbursement this Period 4001.72		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1618		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. KELLY, THOMAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026		
Mailing Address 101 N PERRY ST			FEC Identification Number C		
City JOHNSTOWN	State NY	Zip Code 12095	Amount of Each Disbursement this Period 8411.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1619		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. KELLY, THOMAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026		
Mailing Address 101 N PERRY ST			FEC Identification Number C		
City JOHNSTOWN	State NY	Zip Code 12095	Amount of Each Disbursement this Period 5730.00		
Purpose of Disbursement PETITIONING / MILEAGE		Category/ Type	Transaction ID : SB17.I1620		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	18142.72
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 31 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KELLY, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026
Mailing Address 101 N PERRY ST		FEC Identification Number C
City JOHNSTOWN	State NY	Zip Code 12095
Purpose of Disbursement PETITIONING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2880.58	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1621
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. KELLY, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 18 / 2026
Mailing Address 101 N PERRY ST		FEC Identification Number C
City JOHNSTOWN	State NY	Zip Code 12095
Purpose of Disbursement PETITIONING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 5880.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1622
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. KELLY, THOMAS, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026
Mailing Address 101 N PERRY ST		FEC Identification Number C
City JOHNSTOWN	State NY	Zip Code 12095
Purpose of Disbursement PETITIONING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 6720.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1623
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	15480.58
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KELLY, THOMAS, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026	
Mailing Address 101 N PERRY ST			FEC Identification Number C	
City JOHNSTOWN	State NY	Zip Code 12095	Amount of Each Disbursement this Period 5760.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1624	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. KOWALCZYK, MARIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2026	
Mailing Address 102 VAN DYKE AVE			FEC Identification Number C	
City AMSTERDAM	State NY	Zip Code 12010	Amount of Each Disbursement this Period 150.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1545	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. KOWALCZYK, MARIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026	
Mailing Address 102 VAN DYKE AVE			FEC Identification Number C	
City AMSTERDAM	State NY	Zip Code 12010	Amount of Each Disbursement this Period 307.50	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1546	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6217.50
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. KOWALCZYK, MARIA , , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026		
Mailing Address 102 VAN DYKE AVE			FEC Identification Number C		
City AMSTERDAM	State NY	Zip Code 12010	Amount of Each Disbursement this Period 127.50		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1547		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. KOWALCZYK, MARIA , , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026		
Mailing Address 102 VAN DYKE AVE			FEC Identification Number C		
City AMSTERDAM	State NY	Zip Code 12010	Amount of Each Disbursement this Period 142.50		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1548		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. LAMBERT, TONI, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026		
Mailing Address 76 STONE ARABIA ST			FEC Identification Number C		
City FORT PLAIN	State NY	Zip Code 13339	Amount of Each Disbursement this Period 1866.60		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1627		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2136.60
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 34 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. LAMBERT, TONI, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2026		
Mailing Address 76 STONE ARABIA ST			FEC Identification Number C		
City FORT PLAIN	State NY	Zip Code 13339	Amount of Each Disbursement this Period 1720.50		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1628		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. LAMBERT, TONI, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026		
Mailing Address 76 STONE ARABIA ST			FEC Identification Number C		
City FORT PLAIN	State NY	Zip Code 13339	Amount of Each Disbursement this Period 2008.50		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1629		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. LAMBERT, TONI, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026		
Mailing Address 76 STONE ARABIA ST			FEC Identification Number C		
City FORT PLAIN	State NY	Zip Code 13339	Amount of Each Disbursement this Period 1901.40		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1630		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5630.40
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MAHER, DYLAN , , ,		Date of Disbursement MM / DD / YYYY 04 / 07 / 2026
Mailing Address 425 NEW YORK 146		FEC Identification Number C
City ALTAMONT	State NY	Zip Code 12009
Purpose of Disbursement PETITIONING		Amount of Each Disbursement this Period 1200.00
Candidate Name		Transaction ID : SB17.I1459
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. MAHER, DYLAN , , ,		Date of Disbursement MM / DD / YYYY 05 / 07 / 2026
Mailing Address 425 NEW YORK 146		FEC Identification Number C
City ALTAMONT	State NY	Zip Code 12009
Purpose of Disbursement PETITIONING		Amount of Each Disbursement this Period 390.00
Candidate Name		Transaction ID : SB17.I1460
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. MAHER, DYLAN , , ,		Date of Disbursement MM / DD / YYYY 05 / 22 / 2026
Mailing Address 425 NEW YORK 146		FEC Identification Number C
City ALTAMONT	State NY	Zip Code 12009
Purpose of Disbursement PETITIONING		Amount of Each Disbursement this Period 240.00
Candidate Name		Transaction ID : SB17.I1461
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1830.00
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 36 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MAYNARD, ALEXIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026	
Mailing Address 100 LINCOLN ST #1			FEC Identification Number C	
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 1486.50	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1380	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. MAYNARD, ALEXIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026	
Mailing Address 100 LINCOLN ST #1			FEC Identification Number C	
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 1917.60	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1381	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. MAYNARD, ALEXIA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026	
Mailing Address 100 LINCOLN ST #1			FEC Identification Number C	
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 1674.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1382	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5078.10
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MAYNARD, ALEXIA, , ,		Date of Disbursement MM / DD / YYYY 05 / 15 / 2026
Mailing Address 100 LINCOLN ST #1		FEC Identification Number C
City GLOVERSVILLE	State NY	Zip Code 12078
Purpose of Disbursement PETITIONING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1515.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1383
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. MAYNARD, ALEXIA, , ,		Date of Disbursement MM / DD / YYYY 05 / 22 / 2026
Mailing Address 100 LINCOLN ST #1		FEC Identification Number C
City GLOVERSVILLE	State NY	Zip Code 12078
Purpose of Disbursement PETITIONING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2025.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1384
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MAYNARD, ALEXIA, , ,		Date of Disbursement MM / DD / YYYY 05 / 29 / 2026
Mailing Address 100 LINCOLN ST #1		FEC Identification Number C
City GLOVERSVILLE	State NY	Zip Code 12078
Purpose of Disbursement PETITIONING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2040.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1385
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5580.00
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 38 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MAYNARD, ANNMARIE, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026		
Mailing Address 362 COUNTY HWY 155			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 4900.00		
Purpose of Disbursement PETITIONING		Candidate Name	Transaction ID : SB17.I1386		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item <input type="checkbox"/>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type			
State:	District:				

Full Name (Last, First, Middle Initial) B. MAYNARD, ANNMARIE, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026		
Mailing Address 362 COUNTY HWY 155			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 2708.40		
Purpose of Disbursement PETITIONING		Candidate Name	Transaction ID : SB17.I1387		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item <input type="checkbox"/>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type			
State:	District:				

Full Name (Last, First, Middle Initial) C. MAYNARD, ANNMARIE, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026		
Mailing Address 362 COUNTY HWY 155			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 2061.00		
Purpose of Disbursement PETITIONING		Candidate Name	Transaction ID : SB17.I1388		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Memo Item <input type="checkbox"/>		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Category/Type			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....▶	9669.40
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 39 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MAYNARD, ANNMARIE, , ,			Date of Disbursement MM / DD / YYYY 05 / 01 / 2026		
Mailing Address 362 COUNTY HWY 155			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 2061.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1389		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MAYNARD, ANNMARIE, , ,			Date of Disbursement MM / DD / YYYY 05 / 07 / 2026		
Mailing Address 362 COUNTY HWY 155			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 1866.60		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1390		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MAYNARD, ANNMARIE, , ,			Date of Disbursement MM / DD / YYYY 05 / 15 / 2026		
Mailing Address 362 COUNTY HWY 155			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 1866.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1391		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5793.60
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 40 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MAYNARD, ANNMARIE, , ,			Date of Disbursement MM / DD / YYYY 05 / 22 / 2026		
Mailing Address 362 COUNTY HWY 155			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 2093.40		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1392		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MAYNARD, ANNMARIE, , ,			Date of Disbursement MM / DD / YYYY 05 / 29 / 2026		
Mailing Address 362 COUNTY HWY 155			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 2073.90		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1339		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MORGAN, JACOB, , ,			Date of Disbursement MM / DD / YYYY 04 / 01 / 2026		
Mailing Address 5 WIND PLACE			FEC Identification Number C		
City WHITESBORO	State NY	Zip Code 13492	Amount of Each Disbursement this Period 309.50		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1511		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4476.80
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MULVANEY, MICHELA, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026		
Mailing Address 2224 HELDERBERG AVE			FEC Identification Number C		
City SCHENECTADY	State NY	Zip Code 12306	Amount of Each Disbursement this Period 2055.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1556		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MULVANEY, MICHELA, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2026		
Mailing Address 2224 HELDERBERG AVE			FEC Identification Number C		
City SCHENECTADY	State NY	Zip Code 12306	Amount of Each Disbursement this Period 240.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1557		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MULVANEY, MICHELA, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026		
Mailing Address 2224 HELDERBERG AVE			FEC Identification Number C		
City SCHENECTADY	State NY	Zip Code 12306	Amount of Each Disbursement this Period 1074.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1558		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	3369.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MULVANEY, MICHELA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026		
Mailing Address 2224 HELDERBERG AVE			FEC Identification Number C		
City SCHENECTADY	State NY	Zip Code 12306	Amount of Each Disbursement this Period 1365.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1559		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MULVANEY, MICHELA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026		
Mailing Address 2224 HELDERBERG AVE			FEC Identification Number C		
City SCHENECTADY	State NY	Zip Code 12306	Amount of Each Disbursement this Period 210.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1560		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MULVANEY, MICHELA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2026		
Mailing Address 2224 HELDERBERG AVE			FEC Identification Number C		
City SCHENECTADY	State NY	Zip Code 12306	Amount of Each Disbursement this Period 210.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1561		
Candidate Name			<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1785.00
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 43 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MULVANEY, MICHELA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026		
Mailing Address 2224 HELDERBERG AVE			FEC Identification Number C		
City SCHENECTADY	State NY	Zip Code 12306	Amount of Each Disbursement this Period 237.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1562		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MULVANEY, MICHELA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026		
Mailing Address 2224 HELDERBERG AVE			FEC Identification Number C		
City SCHENECTADY	State NY	Zip Code 12306	Amount of Each Disbursement this Period 345.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1563		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. POLCARE, DEANA, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026		
Mailing Address 32 TROTtingham ROAD			FEC Identification Number C		
City SARATOGA SPRINGS	State NY	Zip Code 12866	Amount of Each Disbursement this Period 105.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1454		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	687.00
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 44 OF 160			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ROBERT, JONATHAN , , ,			Date of Disbursement MM / DD / YYYY 04 / 06 / 2026		
Mailing Address 102 TEN EYCK PLACE APT 9			FEC Identification Number C		
City GUILDERLAND	State NY	Zip Code 12084	Amount of Each Disbursement this Period 210.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1512		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ROBERT, JONATHAN , , ,			Date of Disbursement MM / DD / YYYY 04 / 24 / 2026		
Mailing Address 102 TEN EYCK PLACE APT 9			FEC Identification Number C		
City GUILDERLAND	State NY	Zip Code 12084	Amount of Each Disbursement this Period 729.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1513		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. ROBERT, JONATHAN , , ,			Date of Disbursement MM / DD / YYYY 05 / 01 / 2026		
Mailing Address 102 TEN EYCK PLACE APT 9			FEC Identification Number C		
City GUILDERLAND	State NY	Zip Code 12084	Amount of Each Disbursement this Period 937.50		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1514		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1876.50
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 45 OF 160	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ROBERT, JONATHAN , , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026	
Mailing Address 102 TEN EYCK PLACE APT 9			FEC Identification Number C	
City GUILDERLAND	State NY	Zip Code 12084	Amount of Each Disbursement this Period 1349.40	
Purpose of Disbursement PETITIONING		Candidate Name	Transaction ID : SB17.I1515	
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) ▼	Memo Item <input type="checkbox"/>
State: District:				

Full Name (Last, First, Middle Initial) B. ROBERT, JONATHAN , , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2026	
Mailing Address 102 TEN EYCK PLACE APT 9			FEC Identification Number C	
City GUILDERLAND	State NY	Zip Code 12084	Amount of Each Disbursement this Period 1827.90	
Purpose of Disbursement PETITIONING		Candidate Name	Transaction ID : SB17.I1516	
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) ▼	Memo Item <input type="checkbox"/>
State: District:				

Full Name (Last, First, Middle Initial) C. ROBERT, JONATHAN , , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026	
Mailing Address 102 TEN EYCK PLACE APT 9			FEC Identification Number C	
City GUILDERLAND	State NY	Zip Code 12084	Amount of Each Disbursement this Period 2883.00	
Purpose of Disbursement PETITIONING		Candidate Name	Transaction ID : SB17.I1517	
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) ▼	Memo Item <input type="checkbox"/>
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6060.30
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 46 OF 160	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ROBERT, JONATHAN , , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026	
Mailing Address 102 TEN EYCK PLACE APT 9			FEC Identification Number C	
City GUILDERLAND	State NY	Zip Code 12084	Amount of Each Disbursement this Period 366.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1518	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ROUDIK, LEONID, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026	
Mailing Address 3945 CHESTNUT ST APT 703			FEC Identification Number C	
City PHILADELPHIA	State PA	Zip Code 19104	Amount of Each Disbursement this Period 7283.35	
Purpose of Disbursement TRAVEL / OFFICE EQUIPMENT / PETITIONING / RENT		Category/ Type	Transaction ID : SB17.I1338	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. D'AMORE, LEISA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026	
Mailing Address 233 WEST MAIN STREET			FEC Identification Number C	
City JOHNSTOWN	State NY	Zip Code 12095	Amount of Each Disbursement this Period 660.00	
Purpose of Disbursement FOOD / BEVERAGE		Category/ Type	Transaction ID : SB17.I1365	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	7649.35
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 47 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. IARUSSI, KASONDRA, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026	
Mailing Address 944 COUNTY ROUTE 60			FEC Identification Number C	
City NEWTON FALLS	State NY	Zip Code 13666	Amount of Each Disbursement this Period 334.50	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1364	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. MAYNARD, ANNMARIE, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026	
Mailing Address 365 COUNTY HWY 155			FEC Identification Number C	
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1357	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. MORGAN, JACOB, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026	
Mailing Address 5 WIND PLACE			FEC Identification Number C	
City WHITESBORO	State NY	Zip Code 13492	Amount of Each Disbursement this Period 449.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1363	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 48 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. REMINGTON, ASHTON, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026	
Mailing Address 309 HEATH ROAD			FEC Identification Number C	
City POTSDAM	State NY	Zip Code 13676	Amount of Each Disbursement this Period 360.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1358	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026	
Mailing Address 410 TERRY AVE N			FEC Identification Number C	
City SEATTLE	State WA	Zip Code 98109	Amount of Each Disbursement this Period 709.70	
Purpose of Disbursement OFFICE EQUIPMENT		Category/ Type	Transaction ID : SB17.I1355	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. AMTRAK			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026	
Mailing Address 1 MASSACHUSETTS AVE NW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20001	Amount of Each Disbursement this Period 470.00	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I1356	
Candidate Name			<input checked="" type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 49 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CELEBRATIONS INC.		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026
Mailing Address 9712 WARWICK BLVD		FEC Identification Number C
City NEWPORT NEWS	State VA	Zip Code 23601
Purpose of Disbursement EQUIPMENT PURCHASE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1048.60	
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) ▼	Transaction ID : SB17.I1362
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LORENZO'S SOUTHSIDE		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026
Mailing Address 1 PORT JACKSON SQUARE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement FOOD / BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 101.74	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1366
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LYFT		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026
Mailing Address 185 BERRY ST SUITE 400		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 59.29	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1368
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 50 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. RADICI KITCHEN BAR		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026
Mailing Address 26 RIDGE ST		FEC Identification Number C
City GLENS FALLS	State NY	Zip Code 12801
Purpose of Disbursement FOOD / BEVERAGE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 276.14	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1367
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. SUSAN NEPHEW		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026
Mailing Address 224 WITHERBEE ROAD		FEC Identification Number C
City WITHERBEE	State NY	Zip Code 12998
Purpose of Disbursement RENT	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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1372
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. UBER		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026
Mailing Address 1725 3RD ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94158
Purpose of Disbursement TRAVEL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 318.56	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1374
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 51 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ROUDIK, LEONID, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026	
Mailing Address 3945 CHESTNUT ST APT 703			FEC Identification Number C	
City PHILADELPHIA	State PA	Zip Code 19104	Amount of Each Disbursement this Period 1959.94	
Purpose of Disbursement MILEAGE		Category/ Type	Transaction ID : SB17.I1531	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. STUMBRICE, DARLENE, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026	
Mailing Address 35 HAMILTON ST #1/2			FEC Identification Number C	
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 1467.90	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1448	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. STUMBRICE, DARLENE, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026	
Mailing Address 35 HAMILTON ST #1/2			FEC Identification Number C	
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 1830.00	
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1449	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5257.84
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 52 OF 160			
	<input checked="" type="checkbox"/> 17 <input 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				

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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STUMBRICE, DARLENE, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2026		
Mailing Address 35 HAMILTON ST #1/2			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 1725.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1450		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. STUMBRICE, DARLENE, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2026		
Mailing Address 35 HAMILTON ST #1/2			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 1515.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1451		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. STUMBRICE, DARLENE, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026		
Mailing Address 35 HAMILTON ST #1/2			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 2040.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1452		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	5280.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STUMBRICE, DARLENE, , ,			Date of Disbursement MM / DD / YYYY 05 / 29 / 2026		
Mailing Address 35 HAMILTON ST #1/2			FEC Identification Number C		
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 2040.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1453		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. SUGRIM-MADRID, ZENOBIA, , ,			Date of Disbursement MM / DD / YYYY 04 / 08 / 2026		
Mailing Address 11 MAIN STREET			FEC Identification Number C		
City HAGAMAN	State NY	Zip Code 12086	Amount of Each Disbursement this Period 1800.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1646		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. SUGRIM-MADRID, ZENOBIA, , ,			Date of Disbursement MM / DD / YYYY 04 / 24 / 2026		
Mailing Address 11 MAIN STREET			FEC Identification Number C		
City HAGAMAN	State NY	Zip Code 12086	Amount of Each Disbursement this Period 540.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1647		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	4380.00
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 54 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

A. SUGRIM-MADRID, ZENOBI, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 11 MAIN STREET

City HAGAMAN State NY Zip Code 12086

Purpose of Disbursement PETITIONING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 01 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2100.00

Transaction ID : SB17.I1648

Memo Item

B. SUGRIM-MADRID, ZENOBI, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 11 MAIN STREET

City HAGAMAN State NY Zip Code 12086

Purpose of Disbursement PETITIONING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 07 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2100.00

Transaction ID : SB17.I1649

Memo Item

C. SUGRIM-MADRID, ZENOBI, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 11 MAIN STREET

City HAGAMAN State NY Zip Code 12086

Purpose of Disbursement PETITIONING

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 15 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.00

Transaction ID : SB17.I1650

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 5100.00

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
A. SUGRIM-MADRID, ZENOBIA, , ,

Mailing Address 11 MAIN STREET

City HAGAMAN State NY Zip Code 12086

Purpose of Disbursement
PETITIONING

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
05 / 22 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
1800.00

Transaction ID : SB17.I1651

Memo Item

Full Name (Last, First, Middle Initial)
B. SUGRIM-MADRID, ZENOBIA, , ,

Mailing Address 11 MAIN STREET

City HAGAMAN State NY Zip Code 12086

Purpose of Disbursement
PETITIONING

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
05 / 29 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
765.00

Transaction ID : SB17.I1652

Memo Item

Full Name (Last, First, Middle Initial)
C. TOGNACI, ANTHONY, , ,

Mailing Address 152 HAYES ROAD

City SCHUYLERVILLE State NY Zip Code 12871

Purpose of Disbursement
PETITIONING

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
04 / 01 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
675.00

Transaction ID : SB17.I1394

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 3240.00

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 56 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. TOGNACI, ANTHONY, , ,			Date of Disbursement MM / DD / YYYY 04 / 10 / 2026		
Mailing Address 152 HAYES ROAD			FEC Identification Number C		
City SCHUYLERVILLE	State NY	Zip Code 12871	Amount of Each Disbursement this Period 853.50		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1395		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. TOGNACI, ANTHONY, , ,			Date of Disbursement MM / DD / YYYY 05 / 01 / 2026		
Mailing Address 152 HAYES ROAD			FEC Identification Number C		
City SCHUYLERVILLE	State NY	Zip Code 12871	Amount of Each Disbursement this Period 405.00		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1396		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. TOGNACI, ANTHONY, , ,			Date of Disbursement MM / DD / YYYY 05 / 07 / 2026		
Mailing Address 152 HAYES ROAD			FEC Identification Number C		
City SCHUYLERVILLE	State NY	Zip Code 12871	Amount of Each Disbursement this Period 887.40		
Purpose of Disbursement PETITIONING		Category/ Type	Transaction ID : SB17.I1397		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	2145.90
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. TOGNACI, ANTHONY, , ,		Date of Disbursement MM / DD / YYYY 05 / 15 / 2026
Mailing Address 152 HAYES ROAD		FEC Identification Number C
City SCHUYLERVILLE	State NY	Zip Code 12871
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1022.40	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1398
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. TOGNACI, ANTHONY, , ,		Date of Disbursement MM / DD / YYYY 05 / 22 / 2026
Mailing Address 152 HAYES ROAD		FEC Identification Number C
City SCHUYLERVILLE	State NY	Zip Code 12871
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1042.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1399
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. TOGNACI, ANTHONY, , ,		Date of Disbursement MM / DD / YYYY 05 / 29 / 2026
Mailing Address 152 HAYES ROAD		FEC Identification Number C
City SCHUYLERVILLE	State NY	Zip Code 12871
Purpose of Disbursement PETITIONING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 432.60	
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) ▼	Transaction ID : SB17.I1400
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2497.50
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 58 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. WEIR, KATHY, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026	
Mailing Address 36 JENKINS ST			FEC Identification Number C	
City SARANAC LAKE	State NY	Zip Code 12983	Amount of Each Disbursement this Period 1178.40	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	Transaction ID : SB17.I1520	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WEIR, KATHY, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2026	
Mailing Address 36 JENKINS ST			FEC Identification Number C	
City SARANAC LAKE	State NY	Zip Code 12983	Amount of Each Disbursement this Period 1314.90	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	Transaction ID : SB17.I1521	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WEIR, KATHY, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2026	
Mailing Address 36 JENKINS ST			FEC Identification Number C	
City SARANAC LAKE	State NY	Zip Code 12983	Amount of Each Disbursement this Period 931.50	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	Transaction ID : SB17.I1522	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3424.80
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 59 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. WEIR, KATHY, , ,			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026	
Mailing Address 36 JENKINS ST			FEC Identification Number C	
City SARANAC LAKE	State NY	Zip Code 12983	Amount of Each Disbursement this Period 1434.90	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	Transaction ID : SB17.I1523	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WEIR, KATHY, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026	
Mailing Address 36 JENKINS ST			FEC Identification Number C	
City SARANAC LAKE	State NY	Zip Code 12983	Amount of Each Disbursement this Period 480.00	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	Transaction ID : SB17.I1524	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WEIR, KATHY, , ,			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026	
Mailing Address 36 JENKINS ST			FEC Identification Number C	
City SARANAC LAKE	State NY	Zip Code 12983	Amount of Each Disbursement this Period 1125.39	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	Transaction ID : SB17.I1525	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	3040.29
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 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. WEIR, KATHY, , ,			Date of Disbursement MM / DD / YYYY 04 / 17 / 2026	
Mailing Address 36 JENKINS ST			FEC Identification Number C	
City SARANAC LAKE	State NY	Zip Code 12983	Amount of Each Disbursement this Period 924.00	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	Transaction ID : SB17.I1526	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. WEIR, KATHY, , ,			Date of Disbursement MM / DD / YYYY 04 / 24 / 2026	
Mailing Address 36 JENKINS ST			FEC Identification Number C	
City SARANAC LAKE	State NY	Zip Code 12983	Amount of Each Disbursement this Period 729.00	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	Transaction ID : SB17.I1527	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. WEIR, KATHY, , ,			Date of Disbursement MM / DD / YYYY 05 / 01 / 2026	
Mailing Address 36 JENKINS ST			FEC Identification Number C	
City SARANAC LAKE	State NY	Zip Code 12983	Amount of Each Disbursement this Period 974.40	
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	Transaction ID : SB17.I1528	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	2627.40
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 61 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. WHALLEY, CHRISTINE, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 133 SARATOGA ROAD APT 105-4		FEC Identification Number C
City GLENVILLE	State NY	Zip Code 12302
Purpose of Disbursement PETITIONING		Amount of Each Disbursement this Period 450.00
Candidate Name		Transaction ID : SB17.I1432
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. WHALLEY, CHRISTINE, , ,		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026
Mailing Address 133 SARATOGA ROAD APT 105-4		FEC Identification Number C
City GLENVILLE	State NY	Zip Code 12302
Purpose of Disbursement PETITIONING		Amount of Each Disbursement this Period 218.75
Candidate Name		Transaction ID : SB17.I1433
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ADIRONDACK GAME THEORY LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2026
Mailing Address 1737 UNION STREET		FEC Identification Number C
City SCHENECTADY	State NY	Zip Code 12309
Purpose of Disbursement FOOD / BEVERAGE / POSTAGE		Amount of Each Disbursement this Period 1232.70
Candidate Name		Transaction ID : SB17.I1378
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1901.45
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. ADIRONDACK GAME THEORY LLC

Date of Disbursement

M M / D D / Y Y Y Y
05 / 07 / 2026

Mailing Address 1737 UNION STREET

FEC Identification Number

C

City SCHENECTADY State NY Zip Code 12309

Amount of Each Disbursement this Period

6000.00

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Transaction ID : SB17.I1379

Candidate Name

Category/
Type

Memo Item

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

Full Name (Last, First, Middle Initial)

B. BB DIGITAL MEDIA

Date of Disbursement

M M / D D / Y Y Y Y
05 / 18 / 2026

Mailing Address 4290 66TH PLACE

FEC Identification Number

C

City BOCA RATON State FL Zip Code 33496

Amount of Each Disbursement this Period

4516.00

Purpose of Disbursement
DIGITAL MEDIA PLACEMENT

Transaction ID : SB17.I1401

Candidate Name

Category/
Type

Memo Item

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

Full Name (Last, First, Middle Initial)

C. BSEEN27-7.COM

Date of Disbursement

M M / D D / Y Y Y Y
04 / 15 / 2026

Mailing Address PO BOX 712

FEC Identification Number

C

City MALONE State NY Zip Code 12953

Amount of Each Disbursement this Period

59422.50

Purpose of Disbursement
BILLBOARD

Transaction ID : SB17.I1402

Candidate Name

Category/
Type

Memo Item

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

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

69938.50

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
A. CAMERON SMITH VOICE OVER

Mailing Address 414 FIRST STREET

City NEW WESTMINSTER State BC Zip Code V3L2G

Purpose of Disbursement MEDIA PRODUCTION

Candidate Name

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

State: District:

Date of Disbursement: 04 / 09 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 900.00

Transaction ID : SB17.I1403

Memo Item

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

Mailing Address PO BOX 257

City BROOKLYN State IA Zip Code 52211

Purpose of Disbursement POLLING

Candidate Name

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

State: District:

Date of Disbursement: 06 / 03 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 56975.80

Transaction ID : SB17.I1404

Memo Item

Full Name (Last, First, Middle Initial)
C. CATSKILL SECURITY

Mailing Address 482 WEST MAIL STREET

City CATSKILL State NY Zip Code 12414

Purpose of Disbursement SECURITY SERVICES

Candidate Name

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

State: District:

Date of Disbursement: 05 / 18 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1280.00

Transaction ID : SB17.I1405

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 59155.80

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.I1406
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. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 50.00
Candidate Name		Transaction ID : SB17.I1407
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.I1408
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	100.00
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 65 OF 160	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.I1409
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. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.I1410
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.I1411
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	75.00
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 66 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 15 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 75.00
Candidate Name	Category/Type	Transaction ID : SB17.I1412
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. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 21 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 25.00
Candidate Name	Category/Type	Transaction ID : SB17.I1413
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 04 / 23 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 421.75
Candidate Name	Category/Type	Transaction ID : SB17.I1414
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	521.75
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 67 OF 160	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.I1415
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. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.I1416
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.I1417
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	75.00
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 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 75.00
Candidate Name	Category/ Type	Transaction ID : SB17.I1418
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. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 37.00
Candidate Name	Category/ Type	Transaction ID : SB17.I1419
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 12.00
Candidate Name	Category/ Type	Transaction ID : SB17.I1420
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	124.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 08 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 75.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1421
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 11 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 50.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1422
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 05 / 14 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1423
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	150.00
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 70 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.I1424
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. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 50.00
Candidate Name		Transaction ID : SB17.I1425
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES		Amount of Each Disbursement this Period 25.00
Candidate Name		Transaction ID : SB17.I1426
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	100.00
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 71 OF 160			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2026		
Mailing Address 1445-A LAUGHLIN AVE			FEC Identification Number C		
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period 50.00		
Purpose of Disbursement BANK FEES		Category/ Type	Transaction ID : SB17.I1427		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2026		
Mailing Address 1445-A LAUGHLIN AVE			FEC Identification Number C		
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period 364.58		
Purpose of Disbursement BANK FEES		Category/ Type	Transaction ID : SB17.I1428		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK			Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2026		
Mailing Address 1445-A LAUGHLIN AVE			FEC Identification Number C		
City MCLEAN	State VA	Zip Code 22101	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement BANK FEES		Category/ Type	Transaction ID : SB17.I1429		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	439.58
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 72 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CHAIN BRIDGE BANK		Date of Disbursement MM / DD / YYYY 06 / 02 / 2026
Mailing Address 1445-A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1430
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CLASSIC VALET LLC		Date of Disbursement MM / DD / YYYY 05 / 19 / 2026
Mailing Address 11523 GREEN ST.		FEC Identification Number C
City FULTON	State MD	Zip Code 20759
Purpose of Disbursement VALET SERVICE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 7500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1438
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CMDI		Date of Disbursement MM / DD / YYYY 04 / 28 / 2026
Mailing Address 1595 SPRING HILL RD STE 500		FEC Identification Number C
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 50.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1439
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	7575.00
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 73 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CMDI		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2026
Mailing Address 1595 SPRING HILL RD STE 500		FEC Identification Number C
City TYSONS CORNER	State VA	Zip Code 22182
Purpose of Disbursement DATABASE MANAGEMENT	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 50.00	
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) ▼	
State: District:	Transaction ID : SB17.I1440	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. COMMUNITY BROADCASTERS LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026
Mailing Address 199 WEALTHA AVE		FEC Identification Number C
City WATERTOWN	State NY	Zip Code 13601
Purpose of Disbursement RADIO ADVERTISING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 6400.00	
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) ▼	
State: District:	Transaction ID : SB17.I1441	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. COMMUNITY BROADCASTERS LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2026
Mailing Address 199 WEALTHA AVE		FEC Identification Number C
City WATERTOWN	State NY	Zip Code 13601
Purpose of Disbursement RADIO ADVERTISING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 860.00	
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) ▼	
State: District:	Transaction ID : SB17.I1442	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	7310.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
A. COMMUNITY BROADCASTERS LLC

Mailing Address 199 WEALTHA AVE

City WATERTOWN State NY Zip Code 13601

Purpose of Disbursement
RADIO ADVERTISING

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
05 / 27 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
7711.00

Transaction ID : SB17.I1443

Memo Item

Full Name (Last, First, Middle Initial)
B. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223

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
04 / 02 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
6797.68

Transaction ID : SB17.I1444

Memo Item

Full Name (Last, First, Middle Initial)
C. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DRIVE

City MOUNTAIN BROOK State AL Zip Code 35223

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
04 / 28 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
5631.25

Transaction ID : SB17.I1445

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	20139.93
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 75 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CROSBY OTTENHOFF GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2026	
Mailing Address 421 OFFICE PARK DRIVE			FEC Identification Number C	
City MOUNTAIN BROOK	State AL	Zip Code 35223	Amount of Each Disbursement this Period 5962.50	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Transaction ID : SB17.I1446	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CROSBY OTTENHOFF GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026	
Mailing Address 421 OFFICE PARK DRIVE			FEC Identification Number C	
City MOUNTAIN BROOK	State AL	Zip Code 35223	Amount of Each Disbursement this Period 13724.23	
Purpose of Disbursement COMPLIANCE CONSULTING / POSTAGE		Category/ Type	Transaction ID : SB17.I1447	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. DEPARTMENT OF THE TREASURY			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2026	
Mailing Address INTERNAL REVENUE SERVICE CENTER			FEC Identification Number C	
City OGDEN	State UT	Zip Code 84201	Amount of Each Disbursement this Period 1971.00	
Purpose of Disbursement TAXES		Category/ Type	Transaction ID : SB17.I1510	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	21657.73
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 76 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. DIRECT EDGE CAMPAIGNS LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026
Mailing Address 2000 GLEN ECHO ROAD STE 207A		FEC Identification Number C
City NASHVILLE	State TN	Zip Code 37215
Purpose of Disbursement PRINTING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 48990.08	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1455
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DRAKE VENTURES LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026
Mailing Address 1007 N FEDERAL HIGHWAY #405		FEC Identification Number C
City FORT LAUDERDALE	State FL	Zip Code 33304
Purpose of Disbursement STRATEGIC CONSULTING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 25000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1456
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. DRAKE VENTURES LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2026
Mailing Address 1007 N FEDERAL HIGHWAY #405		FEC Identification Number C
City FORT LAUDERDALE	State FL	Zip Code 33304
Purpose of Disbursement STRATEGIC CONSULTING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 25000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1457
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	98990.08
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 77 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. DVR PORTABLE RESTROOMS			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2026	
Mailing Address 2348 NY30A			FEC Identification Number C	
City JOHNSTOWN	State NY	Zip Code 12095	Amount of Each Disbursement this Period 430.00	
Purpose of Disbursement EQUIPMENT RENTAL		Category/Type	Transaction ID : SB17.I1458	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. FABRIZIO LEE			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2026	
Mailing Address 2624 NE 15TH STREET			FEC Identification Number C	
City FORT LAUDERDALE	State FL	Zip Code 33304	Amount of Each Disbursement this Period 63875.00	
Purpose of Disbursement SURVEY COST		Category/Type	Transaction ID : SB17.I1467	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. FLACK BROADCASTING			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026	
Mailing Address 7606 N STATE STREET			FEC Identification Number C	
City LOWVILLE	State NY	Zip Code 13367	Amount of Each Disbursement this Period 2475.00	
Purpose of Disbursement RADIO ADVERTISING		Category/Type	Transaction ID : SB17.I1468	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	66780.00
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 78 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FLACK BROADCASTING		Date of Disbursement MM / DD / YYYY 05 / 27 / 2026
Mailing Address 7606 N STATE STREET		FEC Identification Number C
City LOWVILLE	State NY	Zip Code 13367
Purpose of Disbursement RADIO ADVERTISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2695.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1469
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FLS CONNECT		Date of Disbursement MM / DD / YYYY 05 / 26 / 2026
Mailing Address 7300 HUDSON BLVD SUITE 120		FEC Identification Number C
City SAINT PAUL	State MN	Zip Code 55128
Purpose of Disbursement POLLING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 30000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1470
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FLS CONNECT		Date of Disbursement MM / DD / YYYY 05 / 28 / 2026
Mailing Address 7300 HUDSON BLVD SUITE 120		FEC Identification Number C
City SAINT PAUL	State MN	Zip Code 55128
Purpose of Disbursement POLLING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 10000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1471
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	42695.00
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 79 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FONDA FAIR		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 21 S BRIDGE ST		FEC Identification Number C
City FONDA	State NY	Zip Code 12068
Purpose of Disbursement RENT	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1472
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FONDA SPEEDWAY LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026
Mailing Address PO BOX 374		FEC Identification Number C
City FONDA	State NY	Zip Code 12068
Purpose of Disbursement MEDIA PLACEMENT	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1473
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GODADDY.COM LLC		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2026
Mailing Address 14455 NORTH HAYDEN ROAD		FEC Identification Number C
City SCOTTSDALE	State AZ	Zip Code 85260
Purpose of Disbursement WEBSITE SERVICES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 10023.19	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1475
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	11523.19
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 80 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GOUVERNEUR COMMUNITY CENTER		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2026
Mailing Address 4673 NY-58		FEC Identification Number C
City GOUVERNEUR	State NY	Zip Code 13642
Purpose of Disbursement RENT	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1476
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GRAYHOUSE		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026
Mailing Address 125 N 2ND ST STE110-221		FEC Identification Number C
City PHOENIX	State AZ	Zip Code 85004
Purpose of Disbursement POLLING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 14500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1477
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GUSTO		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2026
Mailing Address 525 20TH STREET		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement PAYROLL TAXES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 12.36	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1487
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	15512.36
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 160			
	<input checked="" type="checkbox"/> 17 <input 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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GUSTO			Date of Disbursement M M / D D / Y Y Y Y 04 / 24 / 2026		
Mailing Address 525 20TH STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 17.30		
Purpose of Disbursement PAYROLL TAXES		Category/ Type	Transaction ID : SB17.I1488		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. GUSTO			Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026		
Mailing Address 525 20TH STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 37.06		
Purpose of Disbursement PAYROLL TAXES		Category/ Type	Transaction ID : SB17.I1489		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. GUSTO			Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2026		
Mailing Address 525 20TH STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 51.88		
Purpose of Disbursement PAYROLL TAXES		Category/ Type	Transaction ID : SB17.I1490		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	106.24
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)
 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)
CONSTANTINO FOR CONGRESS, INC.

A. GUSTO		Date of Disbursement
Full Name (Last, First, Middle Initial)		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2026"/>
Mailing Address 525 20TH STREET		FEC Identification Number
City SAN FRANCISCO	State CA	<input type="text" value="C"/>
Zip Code 94107		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL TAXES	Category/ Type	<input type="text" value="71.25"/>
Candidate Name		Transaction ID : SB17.I1491
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. GUSTO		Date of Disbursement
Full Name (Last, First, Middle Initial)		<input type="text" value="05"/> / <input type="text" value="22"/> / <input type="text" value="2026"/>
Mailing Address 525 20TH STREET		FEC Identification Number
City SAN FRANCISCO	State CA	<input type="text" value="C"/>
Zip Code 94107		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL TAXES	Category/ Type	<input type="text" value="68.05"/>
Candidate Name		Transaction ID : SB17.I1492
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:		

C. GUSTO		Date of Disbursement
Full Name (Last, First, Middle Initial)		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2026"/>
Mailing Address 525 20TH STREET		FEC Identification Number
City SAN FRANCISCO	State CA	<input type="text" value="C"/>
Zip Code 94107		Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL TAXES	Category/ Type	<input type="text" value="61.76"/>
Candidate Name		Transaction ID : SB17.I1493
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="201.06"/>
TOTAL 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 83 OF 160			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GUSTO			Date of Disbursement MM / DD / YYYY 04 / 02 / 2026		
Mailing Address 525 20TH STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 669.55		
Purpose of Disbursement PAYROLL SERVICE FEE		Category/ Type	Transaction ID : SB17.I1494		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. GUSTO			Date of Disbursement MM / DD / YYYY 05 / 04 / 2026		
Mailing Address 525 20TH STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 371.52		
Purpose of Disbursement PAYROLL SERVICE FEE		Category/ Type	Transaction ID : SB17.I1495		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. GUSTO			Date of Disbursement MM / DD / YYYY 06 / 03 / 2026		
Mailing Address 525 20TH STREET			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 397.44		
Purpose of Disbursement PAYROLL SERVICE FEE		Category/ Type	Transaction ID : SB17.I1496		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	1438.51
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. HALL COMMUNICATIONS INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026
Mailing Address 70 JOY DRIVE		FEC Identification Number C
City SO BURLINGTON	State VT	Zip Code 05403
Purpose of Disbursement RADIO ADVERTISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2924.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1497
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HALL COMMUNICATIONS INC		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address 70 JOY DRIVE		FEC Identification Number C
City SO BURLINGTON	State VT	Zip Code 05403
Purpose of Disbursement RADIO ADVERTISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3790.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1498
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HOLTZMAN VOGEL		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 15405 JOHN MARSHALL HWY		FEC Identification Number C
City HAYMARKET	State VA	Zip Code 20169
Purpose of Disbursement LEGAL FEES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 10109.98	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1499
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	16823.98
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 85 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. HOLTZMAN VOGEL		Date of Disbursement M M / D D / Y Y Y Y 04 / 18 / 2026
Mailing Address 15405 JOHN MARSHALL HWY		FEC Identification Number C
City HAYMARKET	State VA	Zip Code 20169
Purpose of Disbursement LEGAL FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 10109.98	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1500
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HULU, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026
Mailing Address 2500 BROADWAY 2ND FL		FEC Identification Number C
City SANTA MONICA	State CA	Zip Code 90404
Purpose of Disbursement MEDIA PLACEMENT	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 35000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1501
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HULU, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 28 / 2026
Mailing Address 2500 BROADWAY 2ND FL		FEC Identification Number C
City SANTA MONICA	State CA	Zip Code 90404
Purpose of Disbursement MEDIA PLACEMENT	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 35000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1502
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	80109.98
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 86 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. I-HEART WGY-AM		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026
Mailing Address 200 EAST BASSE ROAD		FEC Identification Number C
City SAN ANTONIO	State TX	Zip Code 78209
Purpose of Disbursement RADIO ADVERTISING		Amount of Each Disbursement this Period 6600.00
Candidate Name		Transaction ID : SB17.I1503
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. I-HEART WGY-AM		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2026
Mailing Address 200 EAST BASSE ROAD		FEC Identification Number C
City SAN ANTONIO	State TX	Zip Code 78209
Purpose of Disbursement RADIO ADVERTISING		Amount of Each Disbursement this Period 964.00
Candidate Name		Transaction ID : SB17.I1504
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. I-HEART WGY-AM		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address 200 EAST BASSE ROAD		FEC Identification Number C
City SAN ANTONIO	State TX	Zip Code 78209
Purpose of Disbursement RADIO ADVERTISING		Amount of Each Disbursement this Period 10140.00
Candidate Name		Transaction ID : SB17.I1505
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	17704.00
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 87 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. I-HEART WGY-AM		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2026
Mailing Address 200 EAST BASSE ROAD		FEC Identification Number C
City SAN ANTONIO	State TX	Zip Code 78209
Purpose of Disbursement RADIO ADVERTISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 6210.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1506
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT QUICKBOOKS		Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2026
Mailing Address 2632 MARINE WAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SOFTWARE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 124.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1507
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT QUICKBOOKS		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026
Mailing Address 2632 MARINE WAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement SOFTWARE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 124.20	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1508
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	6458.40
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 88 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. INVENTOMED INC.			Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2026	
Mailing Address 8735 BAY PARKWAY STE A55			FEC Identification Number C	
City BROOKLYN	State NY	Zip Code 11214	Amount of Each Disbursement this Period 4154.68	
Purpose of Disbursement PRINTING		Category/ Type	Transaction ID : SB17.I1509	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. JOSEPH P MANGIONE INC			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2026	
Mailing Address 187 FOURTH STREET			FEC Identification Number C	
City TROY	State NY	Zip Code 12180	Amount of Each Disbursement this Period 4558.20	
Purpose of Disbursement OFFICE EQUIPMENT		Category/ Type	Transaction ID : SB17.I1519	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. KYLE DINGMAN RACING			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026	
Mailing Address 1 WINNERS CIRCLE			FEC Identification Number C	
City GLOVERSVILLE	State NY	Zip Code 12078	Amount of Each Disbursement this Period 10000.00	
Purpose of Disbursement PRINT ADVERTISING		Category/ Type	Transaction ID : SB17.I1529	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	18712.88
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 89 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. LAW OFFICE OF MICHAEL BRANDI			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2026	
Mailing Address 234 MAPLE AVE			FEC Identification Number C	
City SARATOGA SPRINGS	State NY	Zip Code 12866	Amount of Each Disbursement this Period 975.00	
Purpose of Disbursement LEGAL FEES		Category/ Type	Transaction ID : SB17.I1530	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. LEX POLITICA PLLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2026	
Mailing Address PO BOX 341016			FEC Identification Number C	
City AUSTIN	State TX	Zip Code 78734	Amount of Each Disbursement this Period 26340.00	
Purpose of Disbursement LEGAL FEES		Category/ Type	Transaction ID : SB17.I1532	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. LEX POLITICA PLLC			Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2026	
Mailing Address PO BOX 341016			FEC Identification Number C	
City AUSTIN	State TX	Zip Code 78734	Amount of Each Disbursement this Period 10175.00	
Purpose of Disbursement LEGAL FEES		Category/ Type	Transaction ID : SB17.I1533	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	37490.00
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 90 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. LEX POLITICA PLLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026
Mailing Address PO BOX 341016		FEC Identification Number C
City AUSTIN	State TX	Zip Code 78734
Purpose of Disbursement LEGAL FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 22200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1534
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LORENZO'S SOUTHSIDE		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 1 PORT JACKSON SQUARE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement FOOD / BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 5325.60	
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) ▼	Transaction ID : SB17.I1544
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. MARSHALL + STERLING		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2026
Mailing Address 110 MAIN STREET		FEC Identification Number C
City POUGHKEEPSIE	State NY	Zip Code 12601
Purpose of Disbursement INSURANCE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1761.68	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1549
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	29287.28
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MARTZ RADIO		Date of Disbursement MM / DD / YYYY 05 / 01 / 2026
Mailing Address 86 PORTER ROAD		FEC Identification Number C
City MALONE	State NY	Zip Code 12953
Purpose of Disbursement RADIO ADVERTISING		Amount of Each Disbursement this Period 4779.52
Candidate Name		Transaction ID : SB17.I1550
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. MARTZ RADIO		Date of Disbursement MM / DD / YYYY 05 / 27 / 2026
Mailing Address 86 PORTER ROAD		FEC Identification Number C
City MALONE	State NY	Zip Code 12953
Purpose of Disbursement RADIO ADVERTISING		Amount of Each Disbursement this Period 6555.38
Candidate Name		Transaction ID : SB17.I1551
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. MILLER PRINTING		Date of Disbursement MM / DD / YYYY 04 / 29 / 2026
Mailing Address 97 GUY PARK AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement PRINTING		Amount of Each Disbursement this Period 4585.40
Candidate Name		Transaction ID : SB17.I1564
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	15920.30
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MILLER PRINTING

Mailing Address 97 GUY PARK AVE

City AMSTERDAM State NY Zip Code 12010

Purpose of Disbursement PRINTING Category/Type

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
05 / 11 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
8694.48
Transaction ID : SB17.I1565

Memo Item

Full Name (Last, First, Middle Initial)

B. MULTI MEDIA SERVICES

Mailing Address 915 KING STREET
2ND FL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement MEDIA PLACEMENT Category/Type

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
04 / 03 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
57000.00
Transaction ID : SB17.I1566

Memo Item

Full Name (Last, First, Middle Initial)

C. MULTI MEDIA SERVICES

Mailing Address 915 KING STREET
2ND FL

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement MEDIA PLACEMENT Category/Type

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
04 / 09 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
57000.00
Transaction ID : SB17.I1567

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 122694.48

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MULTI MEDIA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2026
Mailing Address 915 KING STREET 2ND FL		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement MEDIA PLACEMENT		Amount of Each Disbursement this Period 57000.00
Candidate Name		Transaction ID : SB17.I1568
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. MULTI MEDIA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2026
Mailing Address 915 KING STREET 2ND FL		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement MEDIA PLACEMENT		Amount of Each Disbursement this Period 57000.00
Candidate Name		Transaction ID : SB17.I1569
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. MULTI MEDIA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 04 / 29 / 2026
Mailing Address 915 KING STREET 2ND FL		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement MEDIA PLACEMENT		Amount of Each Disbursement this Period 99750.00
Candidate Name		Transaction ID : SB17.I1570
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	213750.00
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 94 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MULTI MEDIA SERVICES			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026		
Mailing Address 915 KING STREET 2ND FL			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 118750.00		
Purpose of Disbursement MEDIA PLACEMENT		Category/ Type	Transaction ID : SB17.I1571		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. MULTI MEDIA SERVICES			Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2026		
Mailing Address 915 KING STREET 2ND FL			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 118750.00		
Purpose of Disbursement MEDIA PLACEMENT		Category/ Type	Transaction ID : SB17.I1572		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. MULTI MEDIA SERVICES			Date of Disbursement M M / D D / Y Y Y Y 05 / 20 / 2026		
Mailing Address 915 KING STREET 2ND FL			FEC Identification Number C		
City ALEXANDRIA	State VA	Zip Code 22314	Amount of Each Disbursement this Period 118750.00		
Purpose of Disbursement MEDIA PLACEMENT		Category/ Type	Transaction ID : SB17.I1573		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	356250.00
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 95 OF 160			
	<input checked="" type="checkbox"/> 17 <input 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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MULTI MEDIA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address 915 KING STREET 2ND FL		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement MEDIA PLACEMENT		Amount of Each Disbursement this Period 118750.00
Candidate Name		Transaction ID : SB17.I1574
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. MULTI MEDIA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 06 / 01 / 2026
Mailing Address 915 KING STREET 2ND FL		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement MEDIA PLACEMENT		Amount of Each Disbursement this Period 199500.00
Candidate Name		Transaction ID : SB17.I1575
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. NARWHAL RESEARCH LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 1613 CRIPPLE CREEK DR		FEC Identification Number C
City IRVING	State TX	Zip Code 75061
Purpose of Disbursement RESEARCH CONSULTING		Amount of Each Disbursement this Period 10000.00
Candidate Name		Transaction ID : SB17.I1576
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	328250.00
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 96 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. NEW YORK POST		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2026
Mailing Address 1211 AVE OF THE AMERICAS		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10036
Purpose of Disbursement NEWSPAPER ADVERTISING		Amount of Each Disbursement this Period 25000.00
Candidate Name		Transaction ID : SB17.I1577
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. PAMAL BROADCASTING		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2026
Mailing Address 6 JOHNSON ROAD		FEC Identification Number C
City LATHAM	State NY	Zip Code 12110
Purpose of Disbursement RADIO ADVERTISING		Amount of Each Disbursement this Period 4620.00
Candidate Name		Transaction ID : SB17.I1578
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. PAMAL BROADCASTING		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026
Mailing Address 6 JOHNSON ROAD		FEC Identification Number C
City LATHAM	State NY	Zip Code 12110
Purpose of Disbursement RADIO ADVERTISING		Amount of Each Disbursement this Period 1192.00
Candidate Name		Transaction ID : SB17.I1579
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	30812.00
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 97 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. PAMAL BROADCASTING		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address 6 JOHNSON ROAD		FEC Identification Number C
City LATHAM	State NY	Zip Code 12110
Purpose of Disbursement RADIO ADVERTISING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 5035.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1580
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PRINCE SPRAUVE VISUALS DBA QUIET ON SET		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2026
Mailing Address 75 WILLOW AVE		FEC Identification Number C
City SCHENECTADY	State NY	Zip Code 12304
Purpose of Disbursement MEDIA PRODUCTION	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 4850.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1585
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PRINCE SPRAUVE VISUALS DBA QUIET ON SET		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2026
Mailing Address 75 WILLOW AVE		FEC Identification Number C
City SCHENECTADY	State NY	Zip Code 12304
Purpose of Disbursement MEDIA PRODUCTION	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 4000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1586
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	13885.00
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 98 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. RAMP BUSINESS CORPORATION			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2026	
Mailing Address 28 W 23RD ST FL 2			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10010	Amount of Each Disbursement this Period 48808.15	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type	Transaction ID : SB17.I1113	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. ASANA			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2026	
Mailing Address 633 FOLSOM ST SUITE 100			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 72.84	
Purpose of Disbursement SUBSCRIPTION		Category/ Type	Transaction ID : SB17.I1120	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. ASHBY			Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2026	
Mailing Address 548 MARKET ST PMP 397006			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94104	Amount of Each Disbursement this Period 324.00	
Purpose of Disbursement SOFTWARE		Category/ Type	Transaction ID : SB17.I1121	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....	▶	48808.15
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 99 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. BEST BUY		M M / D D / Y Y Y Y 04 / 04 / 2026	
Mailing Address 8923 BAY PKWY		FEC Identification Number	
City BROOKLYN	State NY	Zip Code 11214	C
Purpose of Disbursement OFFICE EQUIPMENT		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			1239.13
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I1122
State: District:			<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. CHIPOTLE		M M / D D / Y Y Y Y 04 / 04 / 2026	
Mailing Address 850 US ROUTE 9 SUITE 5A		FEC Identification Number	
City QUEENSBURY	State NY	Zip Code 12804	C
Purpose of Disbursement FOOD / BEVERAGE		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			85.44
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I1123
State: District:			<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. DIALPAD		M M / D D / Y Y Y Y 04 / 04 / 2026	
Mailing Address 2700 CAMINO RAMON		FEC Identification Number	
City SAN RAMON	State CA	Zip Code 94583	C
Purpose of Disbursement SOFTWARE		Category/ Type	Amount of Each Disbursement this Period
Candidate Name			109.49
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID : SB17.I1124
State: District:			<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 100 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. DNSIMPLE		Date of Disbursement MM / DD / YYYY 04 / 04 / 2026
Mailing Address 548 MARKET ST PMB 77519		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement SOFTWARE		Amount of Each Disbursement this Period 105.70
Candidate Name		Transaction ID : SB17.I1125
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ECANVASSER		Date of Disbursement MM / DD / YYYY 04 / 04 / 2026
Mailing Address 56 TOP GALLANT ROAD		FEC Identification Number C
City STAMFORD	State CT	Zip Code 06902
Purpose of Disbursement SOFTWARE		Amount of Each Disbursement this Period 898.99
Candidate Name		Transaction ID : SB17.I1126
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. FACEBOOK ADS		Date of Disbursement MM / DD / YYYY 04 / 04 / 2026
Mailing Address 1 HACKER WAY		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL MEDIA		Amount of Each Disbursement this Period 12896.23
Candidate Name		Transaction ID : SB17.I1127
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GOOGLE ADS		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement DIGITAL ADVERTISING		Amount of Each Disbursement this Period 24642.18
Candidate Name		Transaction ID : SB17.I1128
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. GOOGLE PLAY		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICE		Amount of Each Disbursement this Period 26.02
Candidate Name		Transaction ID : SB17.I1129
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. GOOGLE WORKSPACE		Date of Disbursement M M / D D / Y Y Y Y 04 / 04 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICE		Amount of Each Disbursement this Period 266.20
Candidate Name		Transaction ID : SB17.I1130
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 102 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GROOVE			Date of Disbursement MM / DD / YYYY 04 / 04 / 2026	
Mailing Address 449 THAMES STREET			FEC Identification Number C	
City NEWPORT	State RI	Zip Code 02840	Amount of Each Disbursement this Period 225.00	
Purpose of Disbursement WEBSITE SERVICES		Category/ Type	Transaction ID : SB17.I1131	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. HELPUICE			Date of Disbursement MM / DD / YYYY 04 / 04 / 2026	
Mailing Address 1010 NE 2ND AVE SUITE 100			FEC Identification Number C	
City MIAMI	State FL	Zip Code 33132	Amount of Each Disbursement this Period 200.00	
Purpose of Disbursement WEB SERVICE		Category/ Type	Transaction ID : SB17.I1133	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. LORENZO'S SOUTHSIDE			Date of Disbursement MM / DD / YYYY 04 / 04 / 2026	
Mailing Address 1 PORT JACKSON SQUARE			FEC Identification Number C	
City AMSTERDAM	State NY	Zip Code 12010	Amount of Each Disbursement this Period 136.47	
Purpose of Disbursement FOOD / BEVERAGE		Category/ Type	Transaction ID : SB17.I1135	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 103 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. MAILERLITE		M M / D D / Y Y Y Y 04 / 04 / 2026
Mailing Address 548 MARKET ST PMB 98174		FEC Identification Number
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement DIRECT MAIL SERVICES		<input type="checkbox"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	708.48
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1136
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MAILERSEND		M M / D D / Y Y Y Y 04 / 04 / 2026
Mailing Address 228 PARK AVE S PMB 54955		FEC Identification Number
City NEW YORK	State NY	Zip Code 10003
Purpose of Disbursement POSTAGE		<input type="checkbox"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	35.00
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1137
State: District:		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. MAILREACH		M M / D D / Y Y Y Y 04 / 04 / 2026
Mailing Address 10 RUE DE PENTHIEVRE		FEC Identification Number
City PARIS	State UK	Zip Code 75008
Purpose of Disbursement DIRECT MAIL SERVICES		<input type="checkbox"/> C
Candidate Name		Amount of Each Disbursement this Period
Office Sought:	Disbursement For:	59.60
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1138
State: District:		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
A. MARCY

Mailing Address 2520 MAIN STREET

City LAKE PLACID State NY Zip Code 12946

Purpose of Disbursement
FOOD / BEVERAGE

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
04 / 04 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
226.84

Transaction ID : SB17.I1139

Memo Item

Full Name (Last, First, Middle Initial)
B. PIRATE SHIP LLC

Mailing Address PO BOX 9149

City JACKSON State WY Zip Code 83002

Purpose of Disbursement
POSTAGE

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
04 / 04 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
393.52

Transaction ID : SB17.I1140

Memo Item

Full Name (Last, First, Middle Initial)
C. STEWART'S SHOPS

Mailing Address PO BOX 435

City SARATOGA SPRINGS State NY Zip Code 12866

Purpose of Disbursement
TRAVEL / FOOD / BEVERAGE

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
04 / 04 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
221.94

Transaction ID : SB17.I1141

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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 105 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STICKER MULE		Date of Disbursement MM / DD / YYYY 04 / 04 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement SUPPORTER GIFTS / PRINTING		Amount of Each Disbursement this Period 850.19
Candidate Name		Transaction ID : SB17.I1142
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. THE DAILY GAZETTE		Date of Disbursement MM / DD / YYYY 04 / 04 / 2026
Mailing Address 2345 MAXON ROAD EXTENSION		FEC Identification Number C
City SCHENECTADY	State NY	Zip Code 12308
Purpose of Disbursement NEWSPAPER ADVERTISING		Amount of Each Disbursement this Period 4000.00
Candidate Name		Transaction ID : SB17.I1144
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. THE HOME DEPOT		Date of Disbursement MM / DD / YYYY 04 / 04 / 2026
Mailing Address 2455 PACES FERRY ROAD		FEC Identification Number C
City ATLANTA	State GA	Zip Code 30339
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 395.17
Candidate Name		Transaction ID : SB17.I1145
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 106 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

A. ULINE

Full Name (Last, First, Middle Initial)
Mailing Address 700 ULINE WAY

City ALLENTOWN State PA Zip Code 18106

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 106.40

Transaction ID : SB17.I1146

Memo Item

B. WALMART

Full Name (Last, First, Middle Initial)
Mailing Address 702 SW 8TH STREET

City BENTONVILLE State AR Zip Code 72716

Purpose of Disbursement OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 535.97

Transaction ID : SB17.I1147

Memo Item

C. RAMP BUSINESS CORPORATION

Full Name (Last, First, Middle Initial)
Mailing Address 28 W 23RD ST
FL 2

City NEW YORK State NY Zip Code 10010

Purpose of Disbursement CREDIT CARD PAYMENT

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 41510.09

Transaction ID : SB17.I1115

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 41510.09

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

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

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 410 TERRY AVE N		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 72.66
Candidate Name		Transaction ID : SB17.I1168
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ASANA		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 633 FOLSOM ST SUITE 100		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 145.69
Candidate Name		Transaction ID : SB17.I1169
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. BEST BUY		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 8923 BAY PKWY		FEC Identification Number C
City BROOKLYN	State NY	Zip Code 11214
Purpose of Disbursement OFFICE EQUIPMENT		Amount of Each Disbursement this Period 634.94
Candidate Name		Transaction ID : SB17.I1170
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 108 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)			Date of Disbursement		
A. FACEBOOK ADS			M M / D D / Y Y Y Y 05 / 04 / 2026		
Mailing Address 1 HACKER WAY			FEC Identification Number		
City MENLO PARK		State CA	Zip Code 94025		C
Purpose of Disbursement DIGITAL MEDIA			Amount of Each Disbursement this Period		
Candidate Name			4599.00		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Transaction ID : SB17.I1174		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<input checked="" type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial)			Date of Disbursement		
B. GOOGLE ADS			M M / D D / Y Y Y Y 05 / 04 / 2026		
Mailing Address 1600 AMPHITHEATRE PARKWAY			FEC Identification Number		
City MOUNTAIN VIEW		State CA	Zip Code 94043		C
Purpose of Disbursement DIGITAL ADVERTISING			Amount of Each Disbursement this Period		
Candidate Name			11105.29		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Transaction ID : SB17.I1175		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<input checked="" type="checkbox"/> Memo Item		
State: District:					

Full Name (Last, First, Middle Initial)			Date of Disbursement		
C. GOOGLE PLAY			M M / D D / Y Y Y Y 05 / 04 / 2026		
Mailing Address 1600 AMPHITHEATRE PARKWAY			FEC Identification Number		
City MOUNTAIN VIEW		State CA	Zip Code 94043		C
Purpose of Disbursement WEB SERVICE			Amount of Each Disbursement this Period		
Candidate Name			39.28		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Transaction ID : SB17.I1176		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			<input checked="" type="checkbox"/> Memo Item		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
A. GOOGLE WORKSPACE

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
WEB SERVICE

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
05 / 04 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
704.14

Transaction ID : SB17.I1177

Memo Item

Full Name (Last, First, Middle Initial)
B. GREENWICH JOURNAL AND SALEM PRESS

Mailing Address 35 SALEM STREET

City GREENWICH State NY Zip Code 12834

Purpose of Disbursement
NEWSPAPER ADVERTISING

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
05 / 04 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
849.00

Transaction ID : SB17.I1178

Memo Item

Full Name (Last, First, Middle Initial)
C. INTERCONTINENTAL HOTEL GROUP

Mailing Address 300 W 44TH ST

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
TRAVEL

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
05 / 04 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
290.40

Transaction ID : SB17.I1180

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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 110 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. LYFT		M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 185 BERRY ST SUITE 400		FEC Identification Number
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	345.14	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1182	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. MAILERLITE		M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 548 MARKET ST PMB 98174		FEC Identification Number
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement DIRECT MAIL SERVICES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	708.48	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1183	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. MAILERSEND		M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 228 PARK AVE S PMB 54955		FEC Identification Number
City NEW YORK	State NY	Zip Code 10003
Purpose of Disbursement POSTAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	35.00	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1184	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 111 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ROYALE TRANSPORTATION		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 137 LARK ST		FEC Identification Number C
City ALBANY	State NY	Zip Code 12210
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 2336.04
Candidate Name		Transaction ID : SB17.I1189
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. SARATOGA COUNTY REPUBLICAN COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 199 MILTON AVE		FEC Identification Number C
City BALLSTON SPA	State NY	Zip Code 12020
Purpose of Disbursement NON-FEDERAL CONTRIBUTION		Amount of Each Disbursement this Period 260.25
Candidate Name		Transaction ID : SB17.I1656
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. SEQUOIA RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 3000 K ST NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20007
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 403.73
Candidate Name		Transaction ID : SB17.I1190
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 112 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STAPLES		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 5 UNION SQUARE W		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10003
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 101.21
Candidate Name		Transaction ID : SB17.I1191
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. STEWART'S SHOPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address PO BOX 435		FEC Identification Number C
City SARATOGA SPRINGS	State NY	Zip Code 12866
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 117.00
Candidate Name		Transaction ID : SB17.I1193
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STICKER MULE		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement SUPPORTER GIFTS / PRINTING		Amount of Each Disbursement this Period 4284.63
Candidate Name		Transaction ID : SB17.I1194
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 113 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

A. THE DAILY GAZETTE

Full Name (Last, First, Middle Initial)
Mailing Address 2345 MAXON ROAD EXTENSION

City SCHENECTADY State NY Zip Code 12308

Purpose of Disbursement
NEWSPAPER ADVERTISING

Candidate Name

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

State: District:

Date of Disbursement: 05 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.I1195

Memo Item

B. THE HAMILTON

Full Name (Last, First, Middle Initial)
Mailing Address 600 14TH ST NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
FOOD / BEVERAGE

Candidate Name

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

State: District:

Date of Disbursement: 05 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 259.92

Transaction ID : SB17.I1196

Memo Item

C. THE RITZ-CARLTON

Full Name (Last, First, Middle Initial)
Mailing Address 1150 22ND ST NW

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
TRAVEL

Candidate Name

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

State: District:

Date of Disbursement: 05 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 11078.46

Transaction ID : SB17.I1197

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. RAMP BUSINESS CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 28 W 23RD ST FL 2		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10010
Purpose of Disbursement CREDIT CARD PAYMENT		Amount of Each Disbursement this Period 54609.69
Candidate Name		Transaction ID : SB17.I1116
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. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 410 TERRY AVE N		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement OFFICE SUPPLIES		Amount of Each Disbursement this Period 70.77
Candidate Name		Transaction ID : SB17.I1201
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ASHBY		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 548 MARKET ST PMP 397006		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement SOFTWARE		Amount of Each Disbursement this Period 324.00
Candidate Name		Transaction ID : SB17.I1202
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	54609.69
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 115 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. BEST BUY		M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 8923 BAY PKWY		FEC Identification Number
City BROOKLYN	State NY	Zip Code 11214
Purpose of Disbursement OFFICE SUPPLIES		<input type="text" value="C"/>
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="text" value="55.11"/>
State: District:		Transaction ID : SB17.I1203
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. BOTTISTI'S PIZZERIA		M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 2 VAN DERVEER ST		FEC Identification Number
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement FOOD / BEVERAGE		<input type="text" value="C"/>
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="text" value="207.93"/>
State: District:		Transaction ID : SB17.I1205
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. BUTCHER BLOCK QUALITY MEATS		M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 10618 HAGEMAN ROAD SUITE A1		FEC Identification Number
City BAKERSFIELD	State CA	Zip Code 93312
Purpose of Disbursement FOOD / BEVERAGE		<input type="text" value="C"/>
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="text" value="500.00"/>
State: District:		Transaction ID : SB17.I1206
		<input checked="" type="checkbox"/> Memo Item

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

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 116 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. CUDA COFFEE COMPANY		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 6322 S GAISER CT		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20001
Purpose of Disbursement FOOD / BEVERAGE		Amount of Each Disbursement this Period 449.39
Candidate Name		Transaction ID : SB17.I1207
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. DENTON PUBLICATIONS		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 14 HAND AVE		FEC Identification Number C
City ELIZABETHTOWN	State NY	Zip Code 12932
Purpose of Disbursement NEWSPAPER ADVERTISING		Amount of Each Disbursement this Period 700.00
Candidate Name		Transaction ID : SB17.I1208
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. DIALPAD		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 2700 CAMINO RAMON		FEC Identification Number C
City SAN RAMON	State CA	Zip Code 94583
Purpose of Disbursement SOFTWARE		Amount of Each Disbursement this Period 276.92
Candidate Name		Transaction ID : SB17.I1209
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 117 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. DNSIMPLE			Date of Disbursement MM / DD / YYYY 05 / 14 / 2026		
Mailing Address 548 MARKET ST PMB 77519			FEC Identification Number C		
City SAN FRANCISCO	State CA	Zip Code 94104	Amount of Each Disbursement this Period 90.10		
Purpose of Disbursement SOFTWARE		Category/ Type	Transaction ID : SB17.I1210		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. ECANVASSER			Date of Disbursement MM / DD / YYYY 05 / 14 / 2026		
Mailing Address 56 TOP GALLANT ROAD			FEC Identification Number C		
City STAMFORD	State CT	Zip Code 06902	Amount of Each Disbursement this Period 944.38		
Purpose of Disbursement SOFTWARE		Category/ Type	Transaction ID : SB17.I1211		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. EXXON			Date of Disbursement MM / DD / YYYY 05 / 14 / 2026		
Mailing Address 218 NY-30			FEC Identification Number C		
City AMSTERDAM	State NY	Zip Code 12010	Amount of Each Disbursement this Period 64.35		
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I1213		
Candidate Name		<input checked="" type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. FACEBOOK ADS

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement DIGITAL MEDIA

Candidate Name

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

State: District:

Date of Disbursement: 05 / 14 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 4704.09

Transaction ID : SB17.I1214

Memo Item

Full Name (Last, First, Middle Initial)

B. GOOGLE ADS

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement DIGITAL ADVERTISING

Candidate Name

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

State: District:

Date of Disbursement: 05 / 14 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 15003.77

Transaction ID : SB17.I1215

Memo Item

Full Name (Last, First, Middle Initial)

C. GOOGLE PLAY

Mailing Address 1600 AMPHITHEATRE PARKWAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement WEB SERVICE

Candidate Name

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

State: District:

Date of Disbursement: 05 / 14 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 11.40

Transaction ID : SB17.I1216

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
A. HEART N SOUL BY MARK BBQ

Mailing Address 3951 MAIN ST

City WARRENSBURG State NY Zip Code 12885

Purpose of Disbursement
FOOD / BEVERAGE

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
05 / 14 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
3660.00

Transaction ID : SB17.I1218

Memo Item

Full Name (Last, First, Middle Initial)
B. HOMETOWN STRATEGIES USA

Mailing Address 15 HILDRETH PLACE

City YONKERS State NY Zip Code 10704

Purpose of Disbursement
SOFTWARE

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
05 / 14 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
6000.00

Transaction ID : SB17.I1223

Memo Item

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

Mailing Address 301 WOODS ROAD

City NORTH BABYLON State NY Zip Code 11703

Purpose of Disbursement
DIGITAL MEDIA PLACEMENT

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
05 / 14 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
5000.00

Transaction ID : SB17.I1219

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 120 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MAILREACH

Mailing Address 10 RUE DE PENTHIEVRE

City PARIS State UK Zip Code 75008

Purpose of Disbursement DIRECT MAIL SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 59.60

Transaction ID : SB17.I1220

Memo Item

Full Name (Last, First, Middle Initial)

B. ROYALE TRANSPORTATION

Mailing Address 137 LARK ST

City ALBANY State NY Zip Code 12210

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 129.78

Transaction ID : SB17.I1222

Memo Item

Full Name (Last, First, Middle Initial)

C. RUSTIN LOFT

Mailing Address 4740 NY-30

City AMSTERDAM State NY Zip Code 12010

Purpose of Disbursement FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 14 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 329.33

Transaction ID : SB17.I1224

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. SPECTRUM		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 1600 DUBLIN ROAD		FEC Identification Number C
City COLUMBUS	State OH	Zip Code 43215
Purpose of Disbursement UTILITIES		Amount of Each Disbursement this Period 273.73
Candidate Name		Transaction ID : SB17.I1225
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. STEWART'S SHOPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address PO BOX 435		FEC Identification Number C
City SARATOGA SPRINGS	State NY	Zip Code 12866
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 1639.72
Candidate Name		Transaction ID : SB17.I1226
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STICKER MULE		Date of Disbursement M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement SUPPORTER GIFTS / PRINTING		Amount of Each Disbursement this Period 4319.46
Candidate Name		Transaction ID : SB17.I1227
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 122 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. SUPPLY WAGON RENTALS		M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 212 STONER TRAIL ROAD		FEC Identification Number
City JOHNSTOWN	State NY	Zip Code 12095
Purpose of Disbursement EQUIPMENT RENTAL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I1228	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. THE BOONDOCKS		M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 1 MARINE PARK		FEC Identification Number
City RED BANK	State NJ	Zip Code 07701
Purpose of Disbursement FOOD / BEVERAGE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I1230	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. THE HOME DEPOT		M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 2455 PACES FERRY ROAD		FEC Identification Number
City ATLANTA	State GA	Zip Code 30339
Purpose of Disbursement EVENT SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I1232	
		<input checked="" type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 123 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. ULINE		M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 700 ULINE WAY		FEC Identification Number
City ALLENTOWN	State PA	Zip Code 18106
Purpose of Disbursement SHIPPING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I1233	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. WALMART		M M / D D / Y Y Y Y 05 / 14 / 2026
Mailing Address 702 SW 8TH STREET		FEC Identification Number
City BENTONVILLE	State AR	Zip Code 72716
Purpose of Disbursement OFFICE SUPPLIES / EVENT SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I1236	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. RAMP BUSINESS CORPORATION		M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 28 W 23RD ST FL 2		FEC Identification Number
City NEW YORK	State NY	Zip Code 10010
Purpose of Disbursement CREDIT CARD PAYMENT	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Transaction ID : SB17.I1117	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	49695.42
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 124 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026	
Mailing Address 410 TERRY AVE N			FEC Identification Number C	
City SEATTLE	State WA	Zip Code 98109	Amount of Each Disbursement this Period 175.17	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB17.I1237	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. BLUE RIBBON			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026	
Mailing Address 800 FOOD CENTER DRIVE			FEC Identification Number C	
City BRONX	State NY	Zip Code 10474	Amount of Each Disbursement this Period 545.13	
Purpose of Disbursement FOOD / BEVERAGE		Category/ Type	Transaction ID : SB17.I1238	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. BROOKS INVESTIGATIONS GROUP			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026	
Mailing Address 120 WEST AVE APT 212			FEC Identification Number C	
City SARATOGA SPRINGS	State NY	Zip Code 12866	Amount of Each Disbursement this Period 1850.00	
Purpose of Disbursement SECURITY		Category/ Type	Transaction ID : SB17.I1276	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. BUTCHER BLOCK QUALITY MEATS

Mailing Address 10618 HAGEMAN ROAD
SUITE A1

City BAKERSFIELD State CA Zip Code 93312

Purpose of Disbursement FOOD / BEVERAGE

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 26 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2806.24

Transaction ID : SB17.I1239

Memo Item

Full Name (Last, First, Middle Initial)

B. EXXON

Mailing Address 218 NY-30

City AMSTERDAM State NY Zip Code 12010

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 26 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 84.98

Transaction ID : SB17.I1244

Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK ADS

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025

Purpose of Disbursement DIGITAL MEDIA

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 26 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 4599.00

Transaction ID : SB17.I1245

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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 126 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FAIRFIELD INN & SUITES		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 10400 FERNWOOD ROAD		FEC Identification Number C
City BETHESDA	State MD	Zip Code 20817
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 776.61	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1246
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GOOGLE ADS		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement DIGITAL ADVERTISING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 9704.81	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1249
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GROOVE		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 449 THAMES STREET		FEC Identification Number C
City NEWPORT	State RI	Zip Code 02840
Purpose of Disbursement WEBSITE SERVICES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 341.11	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1250
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 127 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. HELPJUICE		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 1010 NE 2ND AVE SUITE 100		FEC Identification Number C
City MIAMI	State FL	Zip Code 33132
Purpose of Disbursement WEB SERVICE		Amount of Each Disbursement this Period 200.00
Candidate Name		Transaction ID : SB17.I1252
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. JUMPING BEAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 16 GROVE ST		FEC Identification Number C
City VOORHEESVILLE	State NY	Zip Code 12186
Purpose of Disbursement EQUIPMENT RENTAL		Amount of Each Disbursement this Period 5158.15
Candidate Name		Transaction ID : SB17.I1256
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. LAROMA PIZZERIA & RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 600 FLOYD AVE		FEC Identification Number C
City ROME	State NY	Zip Code 13440
Purpose of Disbursement FOOD / BEVERAGE		Amount of Each Disbursement this Period 379.46
Candidate Name		Transaction ID : SB17.I1257
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. MAILERLITE

Mailing Address 548 MARKET ST
PMB 98174

City SAN FRANCISCO State CA Zip Code 94104

Purpose of Disbursement
DIRECT MAIL SERVICES

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
05 / 26 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
708.48

Transaction ID : SB17.I1258

Memo Item

Full Name (Last, First, Middle Initial)

B. MCDONALDS

Mailing Address 158 MARKET ST

City AMSTERDAM State NY Zip Code 12010

Purpose of Disbursement
FOOD / BEVERAGE

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
05 / 26 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
2203.67

Transaction ID : SB17.I1259

Memo Item

Full Name (Last, First, Middle Initial)

C. NEW YORK PIZZERIA

Mailing Address 33 W STATE ST

City BINGHAMTON State NY Zip Code 13901

Purpose of Disbursement
FOOD / BEVERAGE

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
05 / 26 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
454.71

Transaction ID : SB17.I1260

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 0.00

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 129 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. NEXT DAY FLYERS		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 435 N MIDLAND AVE		FEC Identification Number C
City SADDLE BROOK	State NJ	Zip Code 07663
Purpose of Disbursement PRINTING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 600.83	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1261
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PREMIERE TRANSPORTATION		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 456 NORTH PEARL ST		FEC Identification Number C
City ALBANY	State NY	Zip Code 12204
Purpose of Disbursement TRAVEL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2004.01	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1263
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RESTAURANT DEPOT		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 22 WAREHOUSE ROW		FEC Identification Number C
City COLONIE	State NY	Zip Code 12205
Purpose of Disbursement FOOD / BEVERAGE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 863.17	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1265
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 130 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STEWART'S SHOPS		Date of Disbursement MM / DD / YYYY 05 / 26 / 2026
Mailing Address PO BOX 435		FEC Identification Number C
City SARATOGA SPRINGS	State NY	Zip Code 12866
Purpose of Disbursement TRAVEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2470.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1267
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STICKER MULE		Date of Disbursement MM / DD / YYYY 05 / 26 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement SUPPORTER GIFTS / SIGNS / PRINTING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 4457.15	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1268
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. SUPPLY WAGON RENTALS		Date of Disbursement MM / DD / YYYY 05 / 26 / 2026
Mailing Address 212 STONER TRAIL ROAD		FEC Identification Number C
City JOHNSTOWN	State NY	Zip Code 12095
Purpose of Disbursement EQUIPMENT RENTAL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 840.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1269
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 131 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. THE BOONDOCKS			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026	
Mailing Address 1 MARINE PARK			FEC Identification Number C	
City RED BANK	State NJ	Zip Code 07701	Amount of Each Disbursement this Period 1613.34	
Purpose of Disbursement FOOD / BEVERAGE		Category/ Type	Transaction ID : SB17.I1271	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. THE DAILY GAZETTE			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026	
Mailing Address 2345 MAXON ROAD EXTENSION			FEC Identification Number C	
City SCHENECTADY	State NY	Zip Code 12308	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement NEWSPAPER ADVERTISING		Category/ Type	Transaction ID : SB17.I1272	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. TIMES UNION ADVERTISE			Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026	
Mailing Address 645 ALBANY SHAKER ROAD			FEC Identification Number C	
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 2500.00	
Purpose of Disbursement NEWSPAPER ADVERTISING		Category/ Type	Transaction ID : SB17.I1274	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 132 OF 160	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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

NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. WALMART		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 702 SW 8TH STREET		FEC Identification Number C
City BENTONVILLE	State AR	Zip Code 72716
Purpose of Disbursement EVENT SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 122.95	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1275
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. RAMP BUSINESS CORPORATION		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026
Mailing Address 28 W 23RD ST FL 2		FEC Identification Number C
City NEW YORK	State NY	Zip Code 10010
Purpose of Disbursement CREDIT CARD PAYMENT	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 50000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1118
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026
Mailing Address 410 TERRY AVE N		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement OFFICE SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 106.35	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1277
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	50000.00
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 133 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ASANA		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026
Mailing Address 633 FOLSOM ST SUITE 100		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement SUBSCRIPTION		Amount of Each Disbursement this Period 145.69
Candidate Name		Transaction ID : SB17.I1278
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. BROOKS INVESTIGATIONS GROUP		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026
Mailing Address 120 WEST AVE APT 212		FEC Identification Number C
City SARATOGA SPRINGS	State NY	Zip Code 12866
Purpose of Disbursement SECURITY		Amount of Each Disbursement this Period 1613.00
Candidate Name		Transaction ID : SB17.I1279
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ECANVASSER		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026
Mailing Address 56 TOP GALLANT ROAD		FEC Identification Number C
City STAMFORD	State CT	Zip Code 06902
Purpose of Disbursement SOFTWARE		Amount of Each Disbursement this Period 799.00
Candidate Name		Transaction ID : SB17.I1281
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 134 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. FACEBOOK ADS			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026	
Mailing Address 1 HACKER WAY			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025	Amount of Each Disbursement this Period 7700.75	
Purpose of Disbursement DIGITAL MEDIA		Category/ Type	Transaction ID : SB17.I1282	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. GOOGLE ADS			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026	
Mailing Address 1600 AMPHITHEATRE PARKWAY			FEC Identification Number C	
City MOUNTAIN VIEW	State CA	Zip Code 94043	Amount of Each Disbursement this Period 6881.55	
Purpose of Disbursement DIGITAL ADVERTISING		Category/ Type	Transaction ID : SB17.I1283	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. MAILERSEND			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026	
Mailing Address 228 PARK AVE S PMB 54955			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10003	Amount of Each Disbursement this Period 35.00	
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.I1284	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 135 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. MATRIX INTERNATIONAL TRADING			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026	
Mailing Address 610 MICHIGAN AVE			FEC Identification Number C	
City SCHENECTADY	State NY	Zip Code 12303	Amount of Each Disbursement this Period 304.07	
Purpose of Disbursement FOOD / BEVERAGE		Category/ Type	Transaction ID : SB17.I1285	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. PARAMOUNT AD MANAGER			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026	
Mailing Address 1515 BROADWAY			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10036	Amount of Each Disbursement this Period 7500.00	
Purpose of Disbursement MEDIA PLACEMENT		Category/ Type	Transaction ID : SB17.I1287	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. RESTAURANT DEPOT			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026	
Mailing Address 22 WAREHOUSE ROW			FEC Identification Number C	
City COLONIE	State NY	Zip Code 12205	Amount of Each Disbursement this Period 1038.64	
Purpose of Disbursement FOOD / BEVERAGE		Category/ Type	Transaction ID : SB17.I1289	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 136 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. SIMPLY NOTED		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026
Mailing Address 5025 S ASH AVE ST SUITE 16		FEC Identification Number C
City TEMPE	State AZ	Zip Code 85282
Purpose of Disbursement PRINTING / POSTAGE		Amount of Each Disbursement this Period 16797.00
Candidate Name		Transaction ID : SB17.I1290
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. STEWART'S SHOPS		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026
Mailing Address PO BOX 435		FEC Identification Number C
City SARATOGA SPRINGS	State NY	Zip Code 12866
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 55.00
Candidate Name		Transaction ID : SB17.I1291
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STICKER MULE		Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement SUPPORTER GIFTS / SIGNS / PRINTING		Amount of Each Disbursement this Period 2474.85
Candidate Name		Transaction ID : SB17.I1292
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 137 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. TALK 1300			Date of Disbursement M M / D D / Y Y Y Y 05 / 31 / 2026	
Mailing Address 11 DENNIS TERRACE			FEC Identification Number C	
City SCHENECTADY	State NY	Zip Code 12303	Amount of Each Disbursement this Period 4473.87	
Purpose of Disbursement RADIO BROADCASTING		Category/ Type	Transaction ID : SB17.I1293	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. RAMP BUSINESS CORPORATION			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2026	
Mailing Address 28 W 23RD ST FL 2			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10010	Amount of Each Disbursement this Period 57301.62	
Purpose of Disbursement CREDIT CARD PAYMENT		Category/ Type	Transaction ID : SB17.I1119	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. EXXON			Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2026	
Mailing Address 218 NY-30			FEC Identification Number C	
City AMSTERDAM	State NY	Zip Code 12010	Amount of Each Disbursement this Period 69.15	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I1295	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	57301.62
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 138 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. FACEBOOK ADS		M M / D D / Y Y Y Y 06 / 03 / 2026
Mailing Address 1 HACKER WAY		FEC Identification Number
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL MEDIA	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	21248.05	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1296	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. GOOGLE ADS		M M / D D / Y Y Y Y 06 / 03 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement DIGITAL ADVERTISING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	15270.78	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1297	
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. GOOGLE PLAY		M M / D D / Y Y Y Y 06 / 03 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICE	Category/Type	
Candidate Name	Amount of Each Disbursement this Period	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	39.08	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1298	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 139 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GOOGLE WORKSPACE		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 416.89	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1299
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HOMETOWN STRATEGIES USA		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2026
Mailing Address 15 HILDRETH PLACE		FEC Identification Number C
City YONKERS	State NY	Zip Code 10704
Purpose of Disbursement SOFTWARE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 4600.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1301
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RAINDANCER RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 06 / 03 / 2026
Mailing Address 4582 STATE HWY 30		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement FOOD / BEVERAGE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 489.64	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1300
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 140 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STAPLES			Date of Disbursement MM / DD / YYYY 06 / 03 / 2026	
Mailing Address 5 UNION SQUARE W			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10003	Amount of Each Disbursement this Period 727.59	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB17.I1302	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. STICKER MULE			Date of Disbursement MM / DD / YYYY 06 / 03 / 2026	
Mailing Address 336 FOREST AVE			FEC Identification Number C	
City AMSTERDAM	State NY	Zip Code 12010	Amount of Each Disbursement this Period 6889.76	
Purpose of Disbursement SUPPORTER GIFTS / PRINTING		Category/ Type	Transaction ID : SB17.I1303	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. TALK 1300			Date of Disbursement MM / DD / YYYY 06 / 03 / 2026	
Mailing Address 11 DENNIS TERRACE			FEC Identification Number C	
City SCHENECTADY	State NY	Zip Code 12303	Amount of Each Disbursement this Period 4506.13	
Purpose of Disbursement RADIO BROADCASTING		Category/ Type	Transaction ID : SB17.I1305	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)

A. THE DAILY GAZETTE

Mailing Address 2345 MAXON ROAD EXTENSION

City SCHENECTADY State NY Zip Code 12308

Purpose of Disbursement
NEWSPAPER ADVERTISING

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
06 / 03 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
3000.00

Transaction ID : SB17.I1306

Memo Item

Full Name (Last, First, Middle Initial)

B. RAMP BUSINESS CORPORATION

Mailing Address 28 W 23RD ST
FL 2

City NEW YORK State NY Zip Code 10010

Purpose of Disbursement
CREDIT CARD PAYMENT

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
04 / 20 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
64491.75

Transaction ID : SB17.I1307

Memo Item

Full Name (Last, First, Middle Initial)

C. AMAZON

Mailing Address 410 TERRY AVE N

City SEATTLE State WA Zip Code 98109

Purpose of Disbursement
OFFICE SUPPLIES

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
04 / 20 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
57.44

Transaction ID : SB17.I1308

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 64491.75

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 142 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. ASHBY			Date of Disbursement MM / DD / YYYY 04 / 20 / 2026	
Mailing Address 548 MARKET ST PMP 397006			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94104	Amount of Each Disbursement this Period 324.00	
Purpose of Disbursement SOFTWARE		Category/ Type	Transaction ID : SB17.I1309	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. CHIPOTLE			Date of Disbursement MM / DD / YYYY 04 / 20 / 2026	
Mailing Address 850 US ROUTE 9 SUITE 5A			FEC Identification Number C	
City QUEENSBURY	State NY	Zip Code 12804	Amount of Each Disbursement this Period 1637.10	
Purpose of Disbursement FOOD / BEVERAGE		Category/ Type	Transaction ID : SB17.I1310	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. DNSIMPLE			Date of Disbursement MM / DD / YYYY 04 / 20 / 2026	
Mailing Address 548 MARKET ST PMB 77519			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94104	Amount of Each Disbursement this Period 90.20	
Purpose of Disbursement SOFTWARE		Category/ Type	Transaction ID : SB17.I1311	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. EXXON		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 218 NY-30		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement TRAVEL		Amount of Each Disbursement this Period 29.00
Candidate Name		Transaction ID : SB17.I1312
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. FACEBOOK ADS		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 1 HACKER WAY		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025
Purpose of Disbursement DIGITAL MEDIA		Amount of Each Disbursement this Period 16639.41
Candidate Name		Transaction ID : SB17.I1313
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. GOOGLE ADS		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement DIGITAL ADVERTISING		Amount of Each Disbursement this Period 23500.00
Candidate Name		Transaction ID : SB17.I1314
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 144 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. GROOVE		Date of Disbursement MM / DD / YYYY 04 / 20 / 2026
Mailing Address 449 THAMES STREET		FEC Identification Number C
City NEWPORT	State RI	Zip Code 02840
Purpose of Disbursement WEBSITE SERVICES		Amount of Each Disbursement this Period 302.66
Candidate Name		Transaction ID : SB17.I1315
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. HELPUICE		Date of Disbursement MM / DD / YYYY 04 / 20 / 2026
Mailing Address 1010 NE 2ND AVE SUITE 100		FEC Identification Number C
City MIAMI	State FL	Zip Code 33132
Purpose of Disbursement WEB SERVICE		Amount of Each Disbursement this Period 200.00
Candidate Name		Transaction ID : SB17.I1317
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. I360		Date of Disbursement MM / DD / YYYY 04 / 20 / 2026
Mailing Address 1701 PENNSYLVANIA AVE NW SUITE 200		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20006
Purpose of Disbursement DATA MANAGEMENT SUBSCRIPTION		Amount of Each Disbursement this Period 7168.42
Candidate Name		Transaction ID : SB17.I1318
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 145 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. JERSEY MIKE'S SUBS			Date of Disbursement MM / DD / YYYY 04 / 20 / 2026	
Mailing Address 4930 STATE HWY 30			FEC Identification Number C	
City AMSTERDAM	State NY	Zip Code 12010	Amount of Each Disbursement this Period 477.93	
Purpose of Disbursement FOOD / BEVERAGE		Category/ Type	Transaction ID : SB17.I1319	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. MAILREACH			Date of Disbursement MM / DD / YYYY 04 / 20 / 2026	
Mailing Address 10 RUE DE PENTHIEVRE			FEC Identification Number C	
City PARIS	State UK	Zip Code 75008	Amount of Each Disbursement this Period 59.60	
Purpose of Disbursement DIRECT MAIL SERVICES		Category/ Type	Transaction ID : SB17.I1321	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. STAPLES			Date of Disbursement MM / DD / YYYY 04 / 20 / 2026	
Mailing Address 5 UNION SQUARE W			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10003	Amount of Each Disbursement this Period 201.99	
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type	Transaction ID : SB17.I1323	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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 146 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STEWART'S SHOPS			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026	
Mailing Address PO BOX 435			FEC Identification Number C	
City SARATOGA SPRINGS	State NY	Zip Code 12866	Amount of Each Disbursement this Period 53.00	
Purpose of Disbursement TRAVEL		Category/ Type	Transaction ID : SB17.I1324	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. STICKER MULE			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026	
Mailing Address 336 FOREST AVE			FEC Identification Number C	
City AMSTERDAM	State NY	Zip Code 12010	Amount of Each Disbursement this Period 9643.65	
Purpose of Disbursement SUPPORTER GIFTS / PRINTING		Category/ Type	Transaction ID : SB17.I1325	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. TIMES UNION ADVERTISE			Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026	
Mailing Address 645 ALBANY SHAKER ROAD			FEC Identification Number C	
City ALBANY	State NY	Zip Code 12212	Amount of Each Disbursement this Period 4000.00	
Purpose of Disbursement NEWSPAPER ADERTISING		Category/ Type	Transaction ID : SB17.I1326	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
A. RAMP BUSINESS CORPORATION

Mailing Address 28 W 23RD ST
FL 2

City NEW YORK State NY Zip Code 10010

Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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
05 / 11 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
189.19

Transaction ID : SB17.I1587

Memo Item

Full Name (Last, First, Middle Initial)
B. REAL MEDIA SOLUTIONS INC.

Mailing Address 214 STOWE AVE
FL 1

City TROY State NY Zip Code 12180

Purpose of Disbursement
PHOTOGRAPH SERVICES

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
06 / 03 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
3816.76

Transaction ID : SB17.I1588

Memo Item

Full Name (Last, First, Middle Initial)
C. ROSER COMMUNICATIONS NETWORK INC.

Mailing Address 215 LELAND AVE
SUITE 101

City UTICA State NY Zip Code 13502

Purpose of Disbursement
RADIO ADVERTISING

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
05 / 27 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
8632.00

Transaction ID : SB17.I1589

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 12637.95

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. SA REALTY LLC		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2026
Mailing Address 824 MAIN STREET SUITE C		FEC Identification Number C
City MANCHESTER	State CT	Zip Code 06040
Purpose of Disbursement RENT		Amount of Each Disbursement this Period 2869.82
Candidate Name		Transaction ID : SB17.I1591
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. SA REALTY LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 824 MAIN STREET SUITE C		FEC Identification Number C
City MANCHESTER	State CT	Zip Code 06040
Purpose of Disbursement RENT		Amount of Each Disbursement this Period 2869.82
Candidate Name		Transaction ID : SB17.I1592
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. SPECTRUM MARKETING COMPANIES		Date of Disbursement M M / D D / Y Y Y Y 05 / 26 / 2026
Mailing Address 95 EDDY ROAD SUITE 101		FEC Identification Number C
City MANCHESTER	State NH	Zip Code 03102
Purpose of Disbursement PRINTING / SHIPPING		Amount of Each Disbursement this Period 55305.30
Candidate Name		Transaction ID : SB17.I1596
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	61044.94
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 149 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STEPHENS MEDIA GROUP- OGDENSBURG LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026
Mailing Address 2448 E 81ST ST STE 5700		FEC Identification Number C
City TULSA	State OK	Zip Code 74137
Purpose of Disbursement RADIO ADVERTISING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2640.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1597
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. STEPHENS MEDIA GROUP- OGDENSBURG LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2026
Mailing Address 2448 E 81ST ST STE 5700		FEC Identification Number C
City TULSA	State OK	Zip Code 74137
Purpose of Disbursement RADIO ADVERTISING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 408.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1598
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. STEPHENS MEDIA GROUP- OGDENSBURG LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address 2448 E 81ST ST STE 5700		FEC Identification Number C
City TULSA	State OK	Zip Code 74137
Purpose of Disbursement RADIO ADVERTISING	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 3194.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.I1599
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	6242.00
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 150 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STICKER MULE LLC		Date of Disbursement MM / DD / YYYY 04 / 02 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement SUPPORTER GIFTS / PRINTING / MEDIA PLACEMENT / RENT		Amount of Each Disbursement this Period 68579.89
Candidate Name		Transaction ID : SB17.I1600
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. STICKER MULE LLC		Date of Disbursement MM / DD / YYYY 04 / 08 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement MEDIA PRODUCTION / GRAPHIC DESIGN / WEBSITE SERVICES / COMMUNICATION SERVICES		Amount of Each Disbursement this Period 75000.00
Candidate Name		Transaction ID : SB17.I1601
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STICKER MULE LLC		Date of Disbursement MM / DD / YYYY 04 / 29 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement SUPPORT GIFTS / PRINTING		Amount of Each Disbursement this Period 3957.26
Candidate Name		Transaction ID : SB17.I1602
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	147537.15
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 151 OF 160			
	<input checked="" type="checkbox"/> 17 <input 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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STICKER MULE LLC		Date of Disbursement MM / DD / YYYY 05 / 08 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement MEDIA PRODUCTION / GRAPHIC DESIGN / WEBSITE SERVICES / COMMUNICATION SERVICES / PETITIONING		Amount of Each Disbursement this Period 120776.33
Candidate Name		Transaction ID : SB17.I1603
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. STICKER MULE LLC		Date of Disbursement MM / DD / YYYY 05 / 11 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement RENT		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB17.I1604
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STICKER MULE LLC		Date of Disbursement MM / DD / YYYY 05 / 13 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement PETITIONING		Amount of Each Disbursement this Period 73582.50
Candidate Name		Transaction ID : SB17.I1605
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	196858.83
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STICKER MULE LLC		Date of Disbursement MM / DD / YYYY 05 / 18 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement MEDIA PRODUCTION / GRAPHIC DESIGN / WEBSITE SERVICES		Amount of Each Disbursement this Period 20000.00
Candidate Name		Transaction ID : SB17.I1606
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. STICKER MULE LLC		Date of Disbursement MM / DD / YYYY 05 / 21 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement SIGNS / PRINTING / TRAVEL		Amount of Each Disbursement this Period 4711.26
Candidate Name		Transaction ID : SB17.I1607
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STICKER MULE LLC		Date of Disbursement MM / DD / YYYY 05 / 23 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement EVENT STAFF SERVICE		Amount of Each Disbursement this Period 2880.00
Candidate Name		Transaction ID : SB17.I1608
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	27591.26
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 153 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STICKER MULE LLC		Date of Disbursement MM / DD / YYYY 05 / 27 / 2026
Mailing Address 336 FOREST AVE		FEC Identification Number C
City AMSTERDAM	State NY	Zip Code 12010
Purpose of Disbursement EVENT STAFF SERVICE		Amount of Each Disbursement this Period 5791.17
Candidate Name		Transaction ID : SB17.I1609
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. STRATEGY MANAGEMENT LLC		Date of Disbursement MM / DD / YYYY 04 / 10 / 2026
Mailing Address PO BOX 4044		FEC Identification Number C
City MONTGOMERY	State AL	Zip Code 36103
Purpose of Disbursement STRATEGIC MANAGEMENT CONSULTING		Amount of Each Disbursement this Period 20000.00
Candidate Name		Transaction ID : SB17.I1610
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STRATEGY MANAGEMENT LLC		Date of Disbursement MM / DD / YYYY 04 / 29 / 2026
Mailing Address PO BOX 4044		FEC Identification Number C
City MONTGOMERY	State AL	Zip Code 36103
Purpose of Disbursement TRAVEL / FOOD / BEVERAGE		Amount of Each Disbursement this Period 3383.37
Candidate Name		Transaction ID : SB17.I1611
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	29174.54
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 154 OF 160			
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. STRATEGY MANAGEMENT LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2026
Mailing Address PO BOX 4044		FEC Identification Number C
City MONTGOMERY	State AL	Zip Code 36103
Purpose of Disbursement STRATEGIC MANAGEMENT CONSULTING / TRAVEL / FOOD / BEVERAGE		Amount of Each Disbursement this Period 22139.95
Candidate Name		Transaction ID : SB17.I1612
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. STRATEGY MANAGEMENT LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2026
Mailing Address PO BOX 4044		FEC Identification Number C
City MONTGOMERY	State AL	Zip Code 36103
Purpose of Disbursement TRAVEL / FOOD / BEVERAGE		Amount of Each Disbursement this Period 1933.90
Candidate Name		Transaction ID : SB17.I1613
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. STRATEGY MANAGEMENT LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026
Mailing Address PO BOX 4044		FEC Identification Number C
City MONTGOMERY	State AL	Zip Code 36103
Purpose of Disbursement TRAVEL / FOOD / BEVERAGE		Amount of Each Disbursement this Period 2139.95
Candidate Name		Transaction ID : SB17.I1614
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	26213.80
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 155 OF 160	
	<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)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial)
A. THE JEWISH VOICE

Mailing Address 2154 EAST 4TH STREET

City BROOKLYN State NY Zip Code 11223

Purpose of Disbursement
NEWSPAPER ADVERTISING

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
06 / 01 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
5000.00

Transaction ID : SB17.I1590

Memo Item

Full Name (Last, First, Middle Initial)
B. THROUGHLINE ADVISORY GROUP LLC

Mailing Address 539 W COMMERCE ST #938

City DALLAS State TX Zip Code 75208

Purpose of Disbursement
COMMUNICATIONS CONSULTING / SUBSCRIPTION

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
05 / 04 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
18750.00

Transaction ID : SB17.I1625

Memo Item

Full Name (Last, First, Middle Initial)
C. UNDERFLOOR MUSIC LLC

Mailing Address 49 ELK STREET

City AMSTERDAM State NY Zip Code 12010

Purpose of Disbursement
MEDIA PLACEMENT

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
05 / 11 / 2026

FEC Identification Number
C

Amount of Each Disbursement this Period
600.00

Transaction ID : SB17.I1633

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 24350.00

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

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. WENT RADIO		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2026
Mailing Address PO BOX 831		FEC Identification Number C
City GLOVERSVILLE	State NY	Zip Code 12078
Purpose of Disbursement RADIO ADVERTISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1510.00	
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) ▼	
State: District:	Transaction ID : SB17.I1634	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. WENT RADIO		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2026
Mailing Address PO BOX 831		FEC Identification Number C
City GLOVERSVILLE	State NY	Zip Code 12078
Purpose of Disbursement RADIO ADVERTISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 517.00	
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) ▼	
State: District:	Transaction ID : SB17.I1635	
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. WENT RADIO		Date of Disbursement M M / D D / Y Y Y Y 05 / 27 / 2026
Mailing Address PO BOX 831		FEC Identification Number C
City GLOVERSVILLE	State NY	Zip Code 12078
Purpose of Disbursement RADIO ADVERTISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1880.00	
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) ▼	
State: District:	Transaction ID : SB17.I1636	
		<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3907.00
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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
CONSTANTINO FOR CONGRESS, INC.

Full Name (Last, First, Middle Initial) A. WNBZ, LLC			Date of Disbursement MM / DD / YYYY 05 / 01 / 2026		
Mailing Address 317 CORNELIA ST			FEC Identification Number C		
City PLATTSBURGH	State NY	Zip Code 12901	Amount of Each Disbursement this Period 2808.00		
Purpose of Disbursement RADIO ADVERTISING		Category/ Type	Transaction ID : SB17.11644		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) B. WNBZ, LLC			Date of Disbursement MM / DD / YYYY 05 / 27 / 2026		
Mailing Address 317 CORNELIA ST			FEC Identification Number C		
City PLATTSBURGH	State NY	Zip Code 12901	Amount of Each Disbursement this Period 2870.00		
Purpose of Disbursement RADIO ADVERTISING		Category/ Type	Transaction ID : SB17.11645		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

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

SUBTOTAL of Disbursements This Page (optional).....▶	5678.00
TOTAL This Period (last page this line number only).....▶	2808928.72

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.14

CONSTANTINO FOR CONGRESS, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2025

CONSTANTINO, ANTHONY, THOMAS, ,

Primary

General

Other (specify) ▼

SPECIAL GENERAL

Mailing Address

PO Box 109

City

FONDA

State

NY

ZIP Code

12068

Personal Funds of the Candidate

Original Amount of Loan

2600000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2600000.00

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
11 / 18 / 2024

M M / D D / Y Y Y Y
18 / 18 / 2024

M M / D D / Y Y Y Y
2024 / 18 / 18

M M / D D / Y Y Y Y
NONE

M M / D D / Y Y Y Y
NONE

M M / D D / Y Y Y Y
NONE

0.00

% (apr)

Yes

No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional).....▶

2600000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.801**
CONSTANTINO FOR CONGRESS, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CONSTANTINO, ANTHONY, THOMAS, ,		<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO BOX 109		
City FONDA	State NY	ZIP Code 12068
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000000.00
---------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 21 / 2025	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	5000000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC10.1375**
CONSTANTINO FOR CONGRESS, INC.

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CONSTANTINO, ANTHONY, THOMAS, ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 109		<input type="checkbox"/> General
City FONDA		<input type="checkbox"/> Other (specify) ▼
State NY	ZIP Code 12068	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2400000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2400000.00
---------------------------------------	------------------------------------	---

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 03 / 2026	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	2400000.00
TOTALS This Period (last page in this line only).....▶	10000000.00

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