

**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

Piccinini 4 Congress

ADDRESS (number and street)

P.O. Box 602

Check if different  
than previously  
reported. (ACC)

Oakley

CA

94561

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00845438

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

CA

10

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
10 / 01 / 2025

through

M M / D D / Y Y Y Y  
12 / 31 / 2025

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

Piccinini, Katherine, , ,

Signature of Treasurer

Piccinini, Katherine, , ,

Date

M M / D D / Y Y Y Y  
01 / 13 / 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**FEC FORM 3**  
(Revised 05/2016)

# SUMMARY PAGE

## of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**Piccinini 4 Congress**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 0 | 1 |   | 2 | 0 | 2 | 5 |

To:

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

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 3427.00                 | 9978.00                            |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 22.00                              |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 3427.00                 | 9956.00                            |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 3300.97                 | 10231.55                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 38.63                              |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 3300.97                 | 10192.92                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 4077.57                 |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 7444.51                 |                                    |

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Piccinini 4 Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y  
10 / 01 / 2025

To:

M M / D D / Y Y Y Y  
12 / 31 / 2025**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).....

1787.00

5236.00

(ii) Unitemized .....

1640.00

4742.00

(iii) TOTAL of contributions  
from individuals ▶

3427.00

9978.00

(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))..

3427.00

9978.00

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

0.00

38.63

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

3427.00

10016.63

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 3300.97                       | 10231.55                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 22.00                              |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 22.00                              |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 3300.97                       | 10253.55                           |

## **III. CASH SUMMARY**

|                                                                                       |         |
|---------------------------------------------------------------------------------------|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 3951.54 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 3427.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 7378.54 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 3300.97 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 4077.57 |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 40

☒ 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)

**Piccinini 4 Congress**

Full Name (Last, First, Middle Initial)

Bonderud, Kathryn, , ,

**A.**

Mailing Address 1180 Douglas Court

City

Concord

State

CA

Zip Code

94520

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Norcal ProA

Occupation

Lead Claims Specialist

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 16 2025

Transaction ID : SA11AI.5438

Amount of Each Receipt this Period

250.00

☐ Memo Item  
Donation

Full Name (Last, First, Middle Initial)

Gianunzio, Victor, , ,

**B.**

Mailing Address 60 Ridgecrest Ct

City

Lafayette

State

CA

Zip Code

94549

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Victor Gianunzio

Occupation

Attorney

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 30 2025

Transaction ID : SA11AI.5441

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Donation

Full Name (Last, First, Middle Initial)

Grcar, Joseph, , ,

**C.**

Mailing Address 6059 Castlebrook Drive

City

Castro Valley

State

CA

Zip Code

94552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

215.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 31 2025

Transaction ID : SA11AI.5508

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Donation

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

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

800.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 40

☒ 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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

Huffaker, Marlane, , ,

A. Mailing Address 847 Tully Way

City

Concord

State

CA

Zip Code

94518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

237.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 09 2025

Transaction ID : SA11AI.5430

Amount of Each Receipt this Period

37.00

☐ Memo Item

Donation Tea

Full Name (Last, First, Middle Initial)

Pope, Gloria, , ,

B. Mailing Address 322 Third Avenue South

City

Pacheco

State

CA

Zip Code

94553

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 09 2025

Transaction ID : SA11AI.5424

Amount of Each Receipt this Period

250.00

☐ Memo Item

Donation Tea

Full Name (Last, First, Middle Initial)

Salvato, Patti, , ,

C. Mailing Address 510 Freya Way

City

Pleasant Hill

State

CA

Zip Code

94523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DTA

Occupation

Accountant

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 25 2025

Transaction ID : SA11AI.5481

Amount of Each Receipt this Period

50.00

☐ Memo Item

Donation

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

337.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 40

☒ 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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

Salvato, Patti, , ,

A.

Mailing Address 510 Freya Way

City

Pleasant Hill

State

CA

Zip Code

94523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DTA

Occupation

Accountant

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 24 2025

Transaction ID : SA11AI.5506

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Donation

Full Name (Last, First, Middle Initial)

Taylor, Pamela, , ,

B.

Mailing Address 303 Skyview Dive

City

Pleasant Hill

State

CA

Zip Code

94523

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

594.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 09 2025

Transaction ID : SA11AI.5423

Amount of Each Receipt this Period

500.00

☐ Memo Item  
Donation Tea

Full Name (Last, First, Middle Initial)

Wolf, Nancy, , ,

C.

Mailing Address 1815 Dixon Lane

City

Concord

State

CA

Zip Code

94521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 09 2025

Transaction ID : SA11AI.5425

Amount of Each Receipt this Period

50.00

☐ Memo Item  
Donation Tea

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

600.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 40

☒ 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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

Wolf, Nancy, , ,

A.

Mailing Address 1815 Dixon Lane

City

Concord

State

CA

Zip Code

94521

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 15 2025

Transaction ID : SA11AI.5505

Amount of Each Receipt this Period

50.00

☐ Memo Item

Donation

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

50.00

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

1787.00

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

PAGE 9 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. Amazon**

Mailing Address 410 Terry Avenue

City  
N SeattleState  
WAZip Code  
98109Purpose of Disbursement  
Ribbon

006

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 1 | 5 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

9.23

Transaction ID : SB17.5452

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Amazon**

Mailing Address 410 Terry Avenue

City  
N SeattleState  
WAZip Code  
98109Purpose of Disbursement  
picci buttons

006

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

65.22

Transaction ID : SB17.5462

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Amazon**

Mailing Address 410 Terry Avenue

City  
N SeattleState  
WAZip Code  
98109

Purpose of Disbursement

Category/  
TypeCandidate Name  
Piccinini 4 CongressOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 9 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

140.96

Transaction ID : SB17.5514

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

215.41

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

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

PAGE 10 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. Contra Costa Republican Party**

Mailing Address 1615 Bonanza Ste 310

City  
Walnut CreekState  
CAZip Code  
94596Purpose of Disbursement  
campaign sponsorship tournament

011

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 0 | / | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.5451

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Copy World**

Mailing Address 1375 University Avenue

City  
BerkleyState  
CAZip Code  
94702Purpose of Disbursement  
printing flyer

006

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

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

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

441.00

Transaction ID : SB17.5460

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Costco**

Mailing Address 2201 Verne Roberts Circle

City  
AntiochState  
CAZip Code  
94509Purpose of Disbursement  
meeting campaign luncheon

007

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | / | 1 | 8 | / | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

158.78

Transaction ID : SB17.5521

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

849.78

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

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

PAGE 11 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. Go Daddy.com**

Mailing Address 2155 E Go Daddy Way

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 06  |   | 2025    |

City  
TempeState  
AZZip Code  
85284Purpose of Disbursement  
Monthly email reply

001

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

2.50

Transaction ID : SB17.5444

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Go Daddy.com**

Mailing Address 2155 E Go Daddy Way

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 05  |   | 2025    |

City  
TempeState  
AZZip Code  
85284Purpose of Disbursement  
monthly platform data emails

001

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

2.50

Transaction ID : SB17.5490

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Go Daddy.com**

Mailing Address 2155 E Go Daddy Way

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 08  |   | 2025    |

City  
TempeState  
AZZip Code  
85284Purpose of Disbursement  
EMAIL PLATFORM

001

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

2.50

Transaction ID : SB17.5511

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

7.50

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. Go Daddy.com**

Mailing Address 2155 E Go Daddy Way

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 2 | 2 |   | 2 | 0 | 5 |   |

City  
TempeState  
AZZip Code  
85284

FEC Identification Number

C C00845438

Purpose of Disbursement  
annual subscription for web site

001

Amount of Each Disbursement this Period

119.88

Transaction ID : SB17.5523

☐ Memo ItemCandidate Name  
Piccinini 4 CongressCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

**B. MailChimp**

Mailing Address 675 Ponce de Leon Ave NE #5000

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 6 | 7 |   | 5 | 0 |   | 2 | 0 | 2 |   |

City  
AtlantaState  
GAZip Code  
30308

FEC Identification Number

C C00845438

Purpose of Disbursement  
Monthly data base platform

001

Amount of Each Disbursement this Period

19.50

Transaction ID : SB17.5449

☐ Memo ItemCandidate Name  
Piccinini 4 CongressCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

**C. MailChimp**

Mailing Address 675 Ponce de Leon Ave NE #5000

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 6 | 7 |   | 5 | 0 |   | 2 | 0 | 2 |   |

City  
AtlantaState  
GAZip Code  
30308

FEC Identification Number

C C00845438

Purpose of Disbursement  
Monthly email platform

001

Amount of Each Disbursement this Period

19.50

Transaction ID : SB17.5493

☐ Memo ItemCandidate Name  
Piccinini 4 CongressCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

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

158.88

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. MailChimp**

Mailing Address 675 Ponce de Leon Ave NE #5000

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 10  |   | 2025    |

City  
AtlantaState  
GAZip Code  
30308

FEC Identification Number

|   |           |
|---|-----------|
| C | C00845438 |
|---|-----------|

Purpose of Disbursement  
MONTHLY PLATFORM DATA EMAILS

001

Category/  
Type

Amount of Each Disbursement this Period

|       |
|-------|
| 19.50 |
|-------|

Transaction ID : SB17.5513

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 5885 Lone Tree Way

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 01  |   | 2025    |

City  
AntiochState  
CAZip Code  
94531

FEC Identification Number

|   |           |
|---|-----------|
| C | C00845438 |
|---|-----------|

Purpose of Disbursement  
office. supplies

001

Category/  
Type

Amount of Each Disbursement this Period

|        |
|--------|
| 118.86 |
|--------|

Transaction ID : SB17.5442

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

**C. Office Depot**

Mailing Address 5885 Lone Tree Way

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 02  |   | 2025    |

City  
AntiochState  
CAZip Code  
94531

FEC Identification Number

|   |           |
|---|-----------|
| C | C00845438 |
|---|-----------|

Purpose of Disbursement  
Printing report card

006

Category/  
Type

Amount of Each Disbursement this Period

|       |
|-------|
| 66.18 |
|-------|

Transaction ID : SB17.5443

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

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

204.54

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 5885 Lone Tree Way

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 03  | 2025    |

City  
AntiochState  
CAZip Code  
94531Purpose of Disbursement  
office supplies

001

FEC Identification Number

C C00845438

Candidate Name  
Piccinini 4 CongressCategory/  
Type

Amount of Each Disbursement this Period

160.11

Transaction ID : SB17.5461

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 5885 Lone Tree Way

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 06  | 2025    |

City  
AntiochState  
CAZip Code  
94531Purpose of Disbursement  
copy machine printer

001

FEC Identification Number

C C00845438

Candidate Name  
Piccinini 4 CongressCategory/  
Type

Amount of Each Disbursement this Period

400.20

Transaction ID : SB17.5464

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

**C. Office Depot**

Mailing Address 5885 Lone Tree Way

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 10  | 14  | 2025    |

City  
AntiochState  
CAZip Code  
94531Purpose of Disbursement  
printing r card

006

FEC Identification Number

C C00845438

Candidate Name  
Piccinini 4 CongressCategory/  
Type

Amount of Each Disbursement this Period

27.13

Transaction ID : SB17.5450

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

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

587.44

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

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

PAGE 15 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 5885 Lone Tree Way

City  
AntiochState  
CAZip Code  
94531Purpose of Disbursement  
ribbon accessories for tournament

006

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

22.38

Transaction ID : SB17.5454

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 5885 Lone Tree Way

City  
AntiochState  
CAZip Code  
94531Purpose of Disbursement  
Printing for scrolls

006

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

28.54

Transaction ID : SB17.5455

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Office Depot**

Mailing Address 5885 Lone Tree Way

City  
AntiochState  
CAZip Code  
94531Purpose of Disbursement  
labels

006

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 |   | 2 | 0 |   | 2 | 0 | 2 | 5 |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

1.65

Transaction ID : SB17.5456

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

52.57

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

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

PAGE 16 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 5885 Lone Tree Way

City  
AntiochState  
CAZip Code  
94531Purpose of Disbursement  
printing

006

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 31  |   | 2025    |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

1.98

Transaction ID : SB17.5468

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 5885 Lone Tree Way

City  
AntiochState  
CAZip Code  
94531Purpose of Disbursement  
printing

006

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 03  |   | 2025    |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

34.57

Transaction ID : SB17.5489

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Office Depot**

Mailing Address 5885 Lone Tree Way

City  
AntiochState  
CAZip Code  
94531Purpose of Disbursement  
office supplies

006

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 20  |   | 2025    |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

13.16

Transaction ID : SB17.5501

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

49.71

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

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

PAGE 17 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. Office Depot**

Mailing Address 5885 Lone Tree Way

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 20  |   | 2025    |

City  
AntiochState  
CAZip Code  
94531

FEC Identification Number

C C00845438

Purpose of Disbursement  
printing

006

Amount of Each Disbursement this Period

95.98

Transaction ID : SB17.5502

☐ Memo ItemCandidate Name  
Piccinini 4 CongressCategory/  
Type

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

**B. Office Depot**

Mailing Address 5885 Lone Tree Way

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 09  |   | 2025    |

City  
AntiochState  
CAZip Code  
94531

FEC Identification Number

C C00845438

Purpose of Disbursement  
PRINTINGCategory/  
Type

Amount of Each Disbursement this Period

1.54

Transaction ID : SB17.5512

☐ Memo ItemCandidate Name  
Piccinini 4 Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

Full Name (Last, First, Middle Initial)

**C. Thatcher, Lisa, , ,**

Mailing Address 159 Algiers

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 14  |   | 2025    |

City  
PachecoState  
CAZip Code  
94523

FEC Identification Number

C C00845438

Purpose of Disbursement  
reimburse for Tea luncheon costt

007

Amount of Each Disbursement this Period

351.50

Transaction ID : SB17.5458

☐ Memo ItemCandidate Name  
Piccinini 4 Congress

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 10

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

449.02

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

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

PAGE 18 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. Thatcher, Lisa, , ,**

Mailing Address 159 Algiers

City  
PachecoState  
CAZip Code  
94523Purpose of Disbursement  
luncheon supplies

007

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 14  |   | 2025    |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

50.11

Transaction ID : SB17.5496

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Postal Service**

Mailing Address 400 Del Antico Avenue

City  
OakleyState  
CAZip Code  
94561Purpose of Disbursement  
rental P.O. Box

001

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 18  |   | 2025    |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

96.00

Transaction ID : SB17.5520

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINCO**

Mailing Address 6700 Lone Tree Way

City  
BrentwoodState  
CAZip Code  
94513Purpose of Disbursement  
lunch 10/31 meeting

007

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  |   | 30  |   | 2025    |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

47.83

Transaction ID : SB17.5467

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

193.94

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. WINCO**

Mailing Address 6700 Lone Tree Way

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2025    |

City  
BrentwoodState  
CAZip Code  
94513

FEC Identification Number

|   |           |
|---|-----------|
| C | C00845438 |
|---|-----------|

Purpose of Disbursement  
volunteer lunch

007

Amount of Each Disbursement this Period

|      |
|------|
| 3.96 |
|------|

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Transaction ID : SB17.5491

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINCO**

Mailing Address 6700 Lone Tree Way

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 07  |   | 2025    |

City  
BrentwoodState  
CAZip Code  
94513

FEC Identification Number

|   |           |
|---|-----------|
| C | C00845438 |
|---|-----------|

Purpose of Disbursement  
volunteer lunch

007

Amount of Each Disbursement this Period

|       |
|-------|
| 36.93 |
|-------|

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Transaction ID : SB17.5492

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINCO**

Mailing Address 6700 Lone Tree Way

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 17  |   | 2025    |

City  
BrentwoodState  
CAZip Code  
94513

FEC Identification Number

|   |           |
|---|-----------|
| C | C00845438 |
|---|-----------|

Purpose of Disbursement  
volunteer beverages

007

Amount of Each Disbursement this Period

|      |
|------|
| 6.98 |
|------|

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Transaction ID : SB17.5499

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

47.87

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

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

PAGE 20 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. WINCO**

Mailing Address 6700 Lone Tree Way

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 |   | 2 | 0 |   | 2 | 0 | 2 | 5 |

City  
BrentwoodState  
CAZip Code  
94513Purpose of Disbursement  
meeting luncheon

007

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

60.33

Transaction ID : SB17.5500

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINCO**

Mailing Address 6700 Lone Tree Way

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 4 |   | 2 | 0 | 2 | 5 |

City  
BrentwoodState  
CAZip Code  
94513Purpose of Disbursement  
MEETING LUNCHEON

007

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

5.92

Transaction ID : SB17.5509

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINCO**

Mailing Address 6700 Lone Tree Way

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 0 | 4 |   | 2 | 0 | 2 | 5 |

City  
BrentwoodState  
CAZip Code  
94513Purpose of Disbursement  
MEETING LUNCHEON

007

Candidate Name  
Piccinini 4 CongressCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

33.54

Transaction ID : SB17.5510

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

99.79

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

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

PAGE 21 OF 40

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <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)

Piccinini 4 Congress

Full Name (Last, First, Middle Initial)

**A. WINCO**

Mailing Address 6700 Lone Tree Way

City  
BrentwoodState  
CAZip Code  
94513

Purpose of Disbursement

Candidate Name  
Piccinini 4 CongressOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 10

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  |   | 18  |   | 2025    |

FEC Identification Number

C C00845438

Amount of Each Disbursement this Period

18.38

Transaction ID : SB17.5519

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|     |   |     |   |         |

FEC Identification Number

C

Amount of Each Disbursement this Period

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

18.38

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

2934.83

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

PAGE 22 OF 40

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4270

Piccinini 4 Congress

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

Election: 2024

☒ Primary☐ General☐ Other (specify) ▼

Piccinini, Katherine, , ,

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

310.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

310.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 01 / 2023

M M / D D / Y Y Y Y

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).....▶

310.00

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

PAGE 23 OF 40

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4385

Piccinini 4 Congress

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

Election: 2024

Piccinini, Katherine, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

502.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

502.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 02 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

none

% (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).....▶

502.00

**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.

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4385

Interest rate is zero

Form/Schedule:

Transaction ID:

**SCHEDULE C (FEC Form 3)**  
**LOANS**

PAGE 25 OF 40

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4386

Piccinini 4 Congress

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

Election: 2024

Piccinini, Katherine, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 23 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

none

% (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).....▶

1000.00

**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.

## FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SC/10

Transaction ID : SC/10.4386

Interest rate is zero

Form/Schedule:

Transaction ID:

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

PAGE 27 OF 40

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4957

Piccinini 4 Congress

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

Election: 2024

☐ Primary☒ General☐ Other (specify) ▼

Piccinini, Katherine, , ,

Mailing Address

P.O.Box 602

City

Oakley

State

CA

ZIP Code

94561

☒ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

**TERMS**

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
09 09 / 2024

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

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).....▶

500.00

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

2312.00

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

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 28 OF 40

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Feb 15 to Mar 31 2024

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

260.65

Transaction ID : SD10.4480

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

260.65

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

APRIL TRAVEL EXPENSE

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

139.50

Transaction ID : SD10.4510

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

139.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

May Travel expense

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

262.24

Transaction ID : SD10.4576

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

262.24

1) **SUBTOTALS** This Period This Page (optional) .....

662.39

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 29 OF 40

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Conference GOP Meals

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

147.47

Transaction ID : SD10.4577

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

147.47

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

May conf parking / postage

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

195.00

Transaction ID : SD10.4578

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

195.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

June Travel Expense

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

259.86

Transaction ID : SD10.4649

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

259.86

1) **SUBTOTALS** This Period This Page (optional) .....

602.33

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 30 OF 40

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Piccinini 4 Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

July 2024 Travel Expense mileage

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

373.10

Transaction ID : SD10.4780

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

373.10

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Travel Mileage Expense AUGUST 2024

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

364.28

Transaction ID : SD10.4890

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

364.28

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Travel expense September

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

302.56

Transaction ID : SD10.4986

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

302.56

1) **SUBTOTALS** This Period This Page (optional) .....

1039.94

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 31 OF 40

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Travel mileage

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

319.57

Transaction ID : SD10.5048

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

319.57

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

meal at Overpass rally parade

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

38.17

Transaction ID : SD10.5123

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

38.17

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Oct 17-31 2024

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

313.14

Transaction ID : SD10.5124

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

313.14

1) **SUBTOTALS** This Period This Page (optional) .....

670.88

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 32 OF 40

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

TRAVEL MILEAGE NOV 1 - 25TH

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

178.90

Transaction ID : SD10.5153

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

178.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

DECEMBER MILEAGE

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

54.00

Transaction ID : SD10.5171

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

54.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

MILEAGE JANAURY 2025

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

27.00

Transaction ID : SD10.5203

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.00

1) **SUBTOTALS** This Period This Page (optional) .....

259.90

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 33 OF 40

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

FEE FOR X POSTINGS

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

22.00

Transaction ID : SD10.5204

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

22.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage February 2025

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

18.00

Transaction ID : SD10.5210

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly X posting

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5211

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

1) **SUBTOTALS** This Period This Page (optional) .....

51.00

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 34 OF 40

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

mileage March 2025

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

133.80

Transaction ID : SD10.5219

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

133.80

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

meals at convention CAGOP

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

197.75

Transaction ID : SD10.5220

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

197.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

monthly X platform

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5221

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

1) **SUBTOTALS** This Period This Page (optional) .....

342.55

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 35 OF 40

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Expense April 2025

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

37.00

Transaction ID : SD10.5261

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

37.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

monthly platform X

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5262

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly platform for X

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5263

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

1) **SUBTOTALS** This Period This Page (optional) .....

59.00

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 36 OF 40

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage expense May 2025

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

215.27

Transaction ID : SD10.5264

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

215.27

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage Expense June 2025

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

119.58

Transaction ID : SD10.5265

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

119.58

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly platform for X

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5266

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

1) **SUBTOTALS** This Period This Page (optional) .....

345.85

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 37 OF 40

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage for August

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

69.04

Transaction ID : SD10.5346

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

69.04

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

MONTHLY FEE FOR X PLATFORM

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

11.00

Transaction ID : SD10.5405

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage travel September

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

176.10

Transaction ID : SD10.5406

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

176.10

1) **SUBTOTALS** This Period This Page (optional) .....

256.14

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

# SCHEDULE D (FEC Form 3)

## DEBTS AND OBLIGATIONS

### Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 38 OF 40

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Piccinini 4 Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly X Platform

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5528

Amount Incurred This Period

11.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage October

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5529

Amount Incurred This Period

352.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

352.50

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

reimburse postage

Mailing Address P.O.Box 602

City  
Oakley

State  
CA

Zip Code  
94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5531

Amount Incurred This Period

148.17

Payment This Period

0.00

Outstanding Balance at Close of This Period

148.17

1) **SUBTOTALS** This Period This Page (optional) .....

511.67

2) **TOTALS** This Period (last page this line number only) .....

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 39 OF 40

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Piccinini 4 Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

monthly X platform

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5532

Amount Incurred This Period

11.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Mileage November

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5533

Amount Incurred This Period

131.20

Payment This Period

0.00

Outstanding Balance at Close of This Period

131.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

Monthly X Platform

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5534

Amount Incurred This Period

11.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

11.00

1) **SUBTOTALS** This Period This Page (optional) .....

153.20

2) **TOTALS** This Period (last page this line number only) .....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 40 OF 40

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Piccinini 4 Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Piccinini, Katherine, , ,

Nature of Debt (Purpose):

December mileage

Mailing Address P.O.Box 602

City

Oakley

State

CA

Zip Code

94561

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.5535

Amount Incurred This Period

177.66

Payment This Period

0.00

Outstanding Balance at Close of This Period

177.66

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

177.66

2) **TOTALS** This Period (last page this line number only) .....

5132.51

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

2312.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

7444.51