

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

ROBERT PEOPLE FOR 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

	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))	5174.74	18053.36
(b) Total Contribution Refunds (from Line 20(d))	3500.00	3500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1674.74	14553.36
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3685.65	15479.94
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2950.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3685.65	12529.94
8. Cash on Hand at Close of Reporting Period (from Line 27)	2023.42	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

ROBERT PEOPLE FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2450.00	5650.00
(ii) Unitemized.....	1194.74	7923.36
(iii) TOTAL of contributions from individuals ▶	3644.74	13573.36
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	200.00
(d) The Candidate.....	1530.00	4280.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5174.74	18053.36
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	2950.00
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)..... ▶	5174.74	21003.36

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.....	3685.65	15479.94
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	3500.00	3500.00
(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)).....	3500.00	3500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7185.65	18979.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4034.33
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5174.74
25. SUBTOTAL (add Line 23 and Line 24).....	9209.07
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7185.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2023.42

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 19
(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)
ROBERT PEOPLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Atkins, Will, , ,

Mailing Address 20010 Satin Leaf Ave

City Tampa State FL Zip Code 33647

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2025

Transaction ID : SA11AI.5012

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution Earmarked Through ActBlue

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. C C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
13453.62

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.5012.0

Amount of Each Receipt this Period
1000.00

Memo Item
Total earmarked through conduit. Limit not affected.

C. Full Name (Last, First, Middle Initial)
Fuqua, Danny, , ,

Mailing Address 412 ALEATHA DR

City DAYTONA BEACH State FL Zip Code 32114

FEC ID number of contributing federal political committee. C

Name of Employer Not Employed Occupation Not Employed

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 / 15 / 2025

Transaction ID : SA11AI.4961

Amount of Each Receipt this Period
100.00

Memo Item
Contribution Earmarked Through ActBlue

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

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

1100.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 19
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROBERT PEOPLE FOR CONGRESS

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
10646.62

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 19 / 2025

Transaction ID : SA11AI.4961.0

Amount of Each Receipt this Period
100.00

Memo Item
Total earmarked through conduit. Limit not affected.

B. Full Name (Last, First, Middle Initial)
Fuqua, Danny, , ,

Mailing Address 412 ALEATHA DR

City DAYTONA BEACH State FL Zip Code 32114

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

Name of Employer Occupation
Not Employed Not Employed

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
325.00

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 19 / 2025

Transaction ID : SA11AI.5005

Amount of Each Receipt this Period
100.00

Memo Item
Contribution Earmarked Through ActBlue

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
12317.62

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 21 / 2025

Transaction ID : SA11AI.5005.0

Amount of Each Receipt this Period
100.00

Memo Item
Total earmarked through conduit. Limit not affected.

SUBTOTAL of Receipts This Page (optional)..... ▶ 100.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 19
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
ROBERT PEOPLE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Miller, Russell, , ,

Mailing Address 18410 Timberlan Dr

City Lutz State FL Zip Code 33549

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

Name of Employer Self-Employed Occupation Analyst

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
265.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.5022

Amount of Each Receipt this Period
250.00

Memo Item
Contribution Earmarked Through ActBlue

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
13721.62

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.5022.0

Amount of Each Receipt this Period
250.00

Memo Item
Total earmarked through conduit. Limit not affected.

C. Full Name (Last, First, Middle Initial)
Pralow, Rob, , ,

Mailing Address 6 Corinth Court

City Elgin State SC Zip Code 29045

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

Name of Employer Verizon Occupation CX Supervisor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2025

Transaction ID : SA11AI.4972

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution Earmarked Through ActBlue

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 19
(check only one)
 11a 12 11b 13a 11c 13b 11d 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)
ROBERT PEOPLE FOR CONGRESS

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

Mailing Address PO BOX 441146

City SOMERVILLE State MA Zip Code 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
11732.62

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 26 / 2025

Transaction ID : SA11AI.4972.0

Amount of Each Receipt this Period
1000.00

Memo Item
Total earmarked through conduit. Limit not affected.

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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	2450.00

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 9 OF 19
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
ROBERT PEOPLE FOR CONGRESS

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

Mailing Address P.O. Box 89632

City Tampa	State FL	Zip Code 33689
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FEC ID number of contributing federal political committee. **C** H6FL15168

Name of Employer iQor US, Inc.	Occupation Proposal Writer
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11D.5096

Amount of Each Receipt this Period
500.00

Memo Item
In-Kind: Compliance Consulting

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

Mailing Address P.O. Box 89632

City Tampa	State FL	Zip Code 33689
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FEC ID number of contributing federal political committee. **C** H6FL15168

Name of Employer iQor US, Inc.	Occupation Proposal Writer
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 01 / 2025

Transaction ID : SA11D.5097

Amount of Each Receipt this Period
500.00

Memo Item
In-Kind: Compliance Consulting

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

Mailing Address P.O. Box 89632

City Tampa	State FL	Zip Code 33689
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FEC ID number of contributing federal political committee. **C** H6FL15168

Name of Employer iQor US, Inc.	Occupation Proposal Writer
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1280.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 08 / 2025

Transaction ID : SA11D.5091

Amount of Each Receipt this Period
30.00

Memo Item
Contribution Earmarked Through ActBlue

SUBTOTAL of Receipts This Page (optional)..... ▶	1030.00
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 10 OF 19	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
ROBERT PEOPLE FOR CONGRESS

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

Mailing Address P.O. Box 89632

City Tampa	State FL	Zip Code 33689
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FEC ID number of contributing federal political committee. **C** H6FL15168

Name of Employer iQor US, Inc.	Occupation Proposal Writer
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1780.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 29 / 2025

Transaction ID : SA11D.5099

Amount of Each Receipt this Period
500.00

Memo Item
In-Kind: Compliance Consulting

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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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
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
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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).....▶	500.00
TOTAL This Period (last page this line number only).....▶	1530.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 19	
	<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)
ROBERT PEOPLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 7.52
Candidate Name	Category/ Type	Transaction ID : SB17.4917
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 12 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 8.47
Candidate Name	Category/ Type	Transaction ID : SB17.4918
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 7.92
Candidate Name	Category/ Type	Transaction ID : SB17.4919
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	23.91
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 19			
	<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)
ROBERT PEOPLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 10 / 26 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 40.73
Candidate Name	Category/ Type	Transaction ID : SB17.4920
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 02 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 3.37
Candidate Name	Category/ Type	Transaction ID : SB17.4921
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 09 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 1.15
Candidate Name	Category/ Type	Transaction ID : SB17.4922
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	45.25
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 13 OF 19	
	<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)
ROBERT PEOPLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 5.14
Candidate Name		Transaction ID : SB17.4923
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 23 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 0.20
Candidate Name		Transaction ID : SB17.4924
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 0.64
Candidate Name		Transaction ID : SB17.4925
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5.98
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 14 OF 19	
	<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)
ROBERT PEOPLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 1.59
Candidate Name	Category/ Type	Transaction ID : SB17.4926
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 14 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 5.90
Candidate Name	Category/ Type	Transaction ID : SB17.4927
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 6.13
Candidate Name	Category/ Type	Transaction ID : SB17.4928
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	13.62
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 15 OF 19	
	<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)
ROBERT PEOPLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 28 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 0.24
Candidate Name	Category/ Type	Transaction ID : SB17.4929
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025
Mailing Address 366 Summer Street		FEC Identification Number C
City Somerville	State MA	Zip Code 02144-3132
Purpose of Disbursement Processing Fee		Amount of Each Disbursement this Period 54.06
Candidate Name	Category/ Type	Transaction ID : SB17.4931
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Amalgamated Bank		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2025
Mailing Address 1825 K ST NW		FEC Identification Number C
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period 14.00
Candidate Name	Category/ Type	Transaction ID : SB17.4912
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	68.30
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 16 OF 19	
	<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)
ROBERT PEOPLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Amalgamated Bank		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 1825 K ST NW		FEC Identification Number C
City Washington	State DC	Zip Code 20006
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period 14.00
Candidate Name	Category/Type	Transaction ID : SB17.4913
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Bee Compliance LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2025
Mailing Address 611 Pennsylvania Ave SE #192		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	Transaction ID : SB17.5100
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Bee Compliance LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 611 Pennsylvania Ave SE #192		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	Transaction ID : SB17.5100.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	514.00
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 17 OF 19	
	<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)
ROBERT PEOPLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bee Compliance LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 611 Pennsylvania Ave SE #192		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.5102
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Bee Compliance LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025
Mailing Address 611 Pennsylvania Ave SE #192		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.5102.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Bee Compliance LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 29 / 2025
Mailing Address 611 Pennsylvania Ave SE #192		FEC Identification Number C
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Compliance Consulting		Amount of Each Disbursement this Period 500.00
Candidate Name		Transaction ID : SB17.5104
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
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 18 OF 19	
	<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)
ROBERT PEOPLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Bee Compliance LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2025	
Mailing Address 611 Pennsylvania Ave SE #192			FEC Identification Number C	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Compliance Consulting		Category/ Type	Transaction ID : SB17.5104.0	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Sheraton Tampa Brandon Hotel			Date of Disbursement M M / D D / Y Y Y Y 10 / 02 / 2025	
Mailing Address 10221 Princess Palm Ave			FEC Identification Number C	
City Tampa	State FL	Zip Code 33610	Amount of Each Disbursement this Period 2000.59	
Purpose of Disbursement Event Catering & Space Rental		Category/ Type	Transaction ID : SB17.4910	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	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).....▶	2000.59
TOTAL This Period (last page this line number only).....▶	3671.65

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)
ROBERT PEOPLE FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Atkins, Will, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 06 / 2025
Mailing Address 20010 Satin Leaf Ave		FEC Identification Number C
City Tampa	State FL	Zip Code 33647
Purpose of Disbursement Contribution Refund		Amount of Each Disbursement this Period 1000.00
Candidate Name		Transaction ID : SB20A.5107
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. PEOPLE, ROBERT, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
Mailing Address P.O. Box 89632		FEC Identification Number C H6FL15168
City Tampa	State FL	Zip Code 33689
Purpose of Disbursement Refund of Candidate In-Kind Contributions		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : SB20A.4914
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: FL District: 15		

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

SUBTOTAL of Disbursements This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	3500.00