

**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

CHAPMAN FOR CONGRESS

ADDRESS (number and street)

PO BOX 26141

Check if different
than previously
reported. (ACC)

ALEXANDRIA

VA

22313

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00945063

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

WY

01

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
04 / 01 / 2026

through

M M / D D / Y Y Y Y
06 / 30 / 2026*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer

MARSTON, CHRIS, , ,

Signature of Treasurer

MARSTON, CHRIS, , ,

Date

M M / D D / Y Y Y Y
07 / 15 / 2026

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

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

CHAPMAN FOR CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2026

To:

M M / D D / Y Y Y Y
06 / 30 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	29840.52	31622.89
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	29840.52	31622.89
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	542212.30	596462.50
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.94
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	542212.30	596461.56
8. Cash on Hand at Close of Reporting Period (from Line 27).....	495161.33	
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)	1060000.00	

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

CHAPMAN FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
06 / 30 / 2026**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).....

27584.64

28605.15

(ii) Unitemized

1487.88

2249.74

(iii) TOTAL of contributions
from individuals ▶

29072.52

30854.89

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

768.00

768.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

29840.52

31622.89

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

500000.00

1060000.00

(b) All Other Loans.....

0.00

0.00

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

500000.00

1060000.00

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

0.00

0.94

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)..... ▶

529840.52

1091623.83

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS**COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

542212.30

596462.50

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0.00

0.00

19. LOAN REPAYMENTS:

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

0.00

0.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0.00

0.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

542212.30

596462.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

507533.11

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

529840.52

25. SUBTOTAL (add Line 23 and Line 24).....

1037373.63

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

542212.30

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

495161.33

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 39

☒ 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)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

ADAMS, NATHAN, A., , IV

A.

Mailing Address 8233 QUEEN ANNA DRIVE

City

TALLAHASSEE

State

FL

Zip Code

32317-9716

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOLLAND & KNIGHT

Occupation

PARTNER

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
06 30 2026

Transaction ID : SA11A.101

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 06 2026

Transaction ID : SA11C.25

Amount of Each Receipt this Period

104.10

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

HASKIN, TED, , ,

C.

Mailing Address 266 AZURE MIST WAY

City

DAYTONA BEACH

State

FL

Zip Code

32124-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer

CONCIERGE PHYSICIAN SERVICES

Occupation

FAMILY PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1104.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 06 2026

Transaction ID : SA11A.26

Amount of Each Receipt this Period

104.10

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

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

1104.10

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	7		2	0	2	6

Transaction ID : SA11C.27

Amount of Each Receipt this Period

500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**B.**

Full Name (Last, First, Middle Initial)

STERN, SAM, , ,

Mailing Address 7108 FAIRWAY DRIVE

City

PALM BEACH GARDENS

State

FL

Zip Code

33418-3767

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

Name of Employer

Occupation

STERN, KILCULLEN RUFOLO

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
0	4		1	7		2	0	2	6

Transaction ID : SA11A.28

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	1		2	0	2	6

Transaction ID : SA11C.29

Amount of Each Receipt this Period

3643.56

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional)..... ▶

500.00

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)

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

OBRIEN, DENNIS, , ,

A.

Mailing Address 22221 ARBOR CLIFF LN

City

ROCKY RIVER

State

OH

Zip Code

44116-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer

OBRIEN LEGAL SERVICES

Occupation

LAWYER

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2026

Transaction ID : SA11A.30

Amount of Each Receipt this Period

3643.56

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED; SEE
REDESIGNATION

Full Name (Last, First, Middle Initial)

OBRIEN, DENNIS, , ,

B.

Mailing Address 22221 ARBOR CLIFF LN

City

ROCKY RIVER

State

OH

Zip Code

44116-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer

OBRIEN LEGAL SERVICES

Occupation

LAWYER

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2026

Transaction ID : SA11A.36

Amount of Each Receipt this Period

- 143.56

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

OBRIEN, DENNIS, , ,

C.

Mailing Address 22221 ARBOR CLIFF LN

City

ROCKY RIVER

State

OH

Zip Code

44116-1051

FEC ID number of contributing
federal political committee.

C

Name of Employer

OBRIEN LEGAL SERVICES

Occupation

LAWYER

Receipt For: 2026

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3643.56

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 21 2026

Transaction ID : SA11A.37

Amount of Each Receipt this Period

143.56

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

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

3643.56

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 23 2026

Transaction ID : SA11C.33

Amount of Each Receipt this Period

3526.03

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

B.

Full Name (Last, First, Middle Initial)

ROSSINI, JOSHUA, L., ,

Mailing Address 92564 ALVADORE ROAD

City

JUNCTION CITY

State

OR

Zip Code

97448-9508

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

J3DBM

AGRICULTURE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 23 2026

Transaction ID : SA11A.34

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 14 2026

Transaction ID : SA11C.46

Amount of Each Receipt this Period

572.56

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

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

3500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

BONNIE, JOE, , ,

A.

Mailing Address 783 SW 3RD

City

BOCA RATON

State

FL

Zip Code

33486-4607

FEC ID number of contributing
federal political committee.

C

Name of Employer

BONNIE TRUCKING

Occupation

TRUCKING

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 14 2026

Transaction ID : SA11A.47

Amount of Each Receipt this Period

520.51

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 24 2026

Transaction ID : SA11C.49

Amount of Each Receipt this Period

104.10

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

FAVIERO, BRUNO, , ,

C.

Mailing Address 761 NW 31 ST

City

MIAMI

State

FL

Zip Code

33127-3641

FEC ID number of contributing
federal political committee.

C

Name of Employer

KRAKEN

Occupation

BUSINESS DEVELOPMENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 24 2026

Transaction ID : SA11A.50

Amount of Each Receipt this Period

104.10

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

624.61

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

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

PAGE 10 OF 39

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	6	

Transaction ID : SA11C.51

Amount of Each Receipt this Period

104.10

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**B.**

Full Name (Last, First, Middle Initial)

FAVIERO, BRUNO, , ,

Mailing Address 761 NW 31 ST

City

MIAMI

State

FL

Zip Code

33127-3641

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

Name of Employer

Occupation

KRAKEN

BUSINESS DEVELOPMENT

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	6	

Transaction ID : SA11A.52

Amount of Each Receipt this Period

104.10

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	6	

Transaction ID : SA11C.53

Amount of Each Receipt this Period

1486.15

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**SUBTOTAL** of Receipts This Page (optional).....▶

104.10

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 11 OF 39

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHAPMAN, ANN, , ,

A.

Mailing Address 4720 S OCEAN BLVD

City
HIGHLAND BEACH

State
FL

Zip Code
33487-5309

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 ▼

1041.02

Date of Receipt

M M / D D / Y Y Y Y Y
05 26 2026

Transaction ID : SA11A.54

Amount of Each Receipt this Period

1041.02

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

HILL, CHRIS, , ,

B.

Mailing Address 1721 SW 13 ST

City
BOCA RATON

State
FL

Zip Code
33486-6411

FEC ID number of contributing
federal political committee.

C

Name of Employer
APPLE

Occupation
OPERATIONS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

312.30

Date of Receipt

M M / D D / Y Y Y Y Y
05 26 2026

Transaction ID : SA11A.55

Amount of Each Receipt this Period

260.25

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

C.

Mailing Address PO BOX 9891

City
ARLINGTON

State
VA

Zip Code
22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M M / D D / Y Y Y Y Y
05 27 2026

Transaction ID : SA11C.57

Amount of Each Receipt this Period

3552.05

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

1301.27

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

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

OBRIEN, COLLEEN, , ,

A.

Mailing Address 21520 ERIE ROAD

City

ROCKY RIVER

State

OH

Zip Code

44116-2143

FEC ID number of contributing
federal political committee.

C

Name of Employer
CLEVELAND CLINICOccupation
NURSE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11A.59

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)

WINRED

B.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	2	6

Transaction ID : SA11C.81

Amount of Each Receipt this Period

1000.00

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

Full Name (Last, First, Middle Initial)

HASKIN, TED, , ,

C.

Mailing Address 266 AZURE MIST WAY

City

DAYTONA BEACH

State

FL

Zip Code

32124-3702

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONCIERGE PHYSICIAN SERVICESOccupation
FAMILY PHYSICIAN

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1104.10

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	2	6

Transaction ID : SA11A.82

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

4500.00

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)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 19 2026

Transaction ID : SA11C.83

Amount of Each Receipt this Period

421.51

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

B.

Full Name (Last, First, Middle Initial)

JENKINS, LATHAM, , ,

Mailing Address 802 W BROADWAY

City

JACKSON

State

WY

Zip Code

83001-8647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

CIRC DESIGN

REALTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

307.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 19 2026

Transaction ID : SA11A.86

Amount of Each Receipt this Period

307.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 26 2026

Transaction ID : SA11C.93

Amount of Each Receipt this Period

7000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD

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

307.00

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

GRIFFIN, KENNETH, , ,

A.

Mailing Address 200 SOUTH BISCAYNE BOULEVARD

City
MIAMIState
FLZip Code
33131-2310FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
FOUNDER CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	6

Transaction ID : SA11A.94

Amount of Each Receipt this Period

7000.00

☐ Memo Item
CONTRIBUTIONEARMARKED FROM WINRED; SEE
REDESIGNATION**B.**

Full Name (Last, First, Middle Initial)

GRIFFIN, KENNETH, , ,

Mailing Address 200 SOUTH BISCAYNE BOULEVARD

City
MIAMIState
FLZip Code
33131-2310FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
FOUNDER CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	6

Transaction ID : SA11A.98

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item
CONTRIBUTION

REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

GRIFFIN, KENNETH, , ,

Mailing Address 200 SOUTH BISCAYNE BOULEVARD

City
MIAMIState
FLZip Code
33131-2310FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
FOUNDER CEO

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	6

Transaction ID : SA11A.99

Amount of Each Receipt this Period

3500.00

☒ Memo Item
CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

7000.00

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

PAGE 15 OF 39

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

WINRED

A.

Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

28022.52

Date of Receipt

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

Transaction ID : SA11C.95

Amount of Each Receipt this Period

5000.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLD**B.**

Full Name (Last, First, Middle Initial)

FROST, ROBERT, , ,

Mailing Address 37 KENSINGTON OVAL

City

ROCKY RIVER

State

OH

Zip Code

44116-1504

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

Name of Employer

Occupation

PAK-PRO

CEO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11A.96

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

C.

Full Name (Last, First, Middle Initial)

FROST, ROBERT, , ,

Mailing Address 1 BERE A CMNS STE 202

City

BEREA

State

OH

Zip Code

44017-2534

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

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11A.97

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

EARMARKED FROM WINRED

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

5000.00

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

27584.64

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

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☐ 11a	☐ 11b	☐ 11c	☒ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHAPMAN, FRANK, , ,

A.Mailing Address 16985 BUFFALO VALLEY ROAD
PO BOX 70City
MORANState
WYZip Code
83013FEC ID number of contributing
federal political committee.**C** H6WY01157Name of Employer
SELFOccupation
CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1060768.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
05		27		2026

Transaction ID : SA11D.259

Amount of Each Receipt this Period

768.00

☐ Memo Item

IN-KIND: FILING FEE

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)..... ▶

768.00

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

768.00

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

CHAPMAN, FRANK, , ,

A.

Mailing Address 16985 BUFFALO VALLEY ROAD

PO BOX 70

City

MORAN

State

WY

Zip Code

83013

FEC ID number of contributing
federal political committee.**C** H6WY01157Name of Employer
SELFOccupation
CANDIDATE

Receipt For: 2026

☒ Primary☐ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

1060768.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	2	6

Transaction ID : SA13A.38

Amount of Each Receipt this Period

500000.00

☐ Memo Item

LOAN

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

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

Amount of Each Receipt this Period

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

500000.00

500000.00

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CHAPMAN, FRANK, , ,Mailing Address 16985 BUFFALO VALLEY ROAD
PO BOX 70City
MORANState
WYZip Code
83013Purpose of Disbursement
REIMBURSEMENTS (SEE BELOW)Candidate Name
CHAPMAN, FRANK, , ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2026

FEC Identification Number

C H6WY01157

Amount of Each Disbursement this Period

6433.92

Transaction ID : SB17.I207

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DRIVE

City
FORT WORTHState
TXZip Code
76155-1801Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

194.38

Transaction ID : SB17.I221

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DRIVE

City
FORT WORTHState
TXZip Code
76155-1801Purpose of Disbursement
TRAVEL

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

194.38

Transaction ID : SB17.I222

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

6433.92

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 39

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BEST WESTERN HOTELS & RESORTS

Mailing Address 6201 NORTH 24TH PARKWAY

City
PHOENIXState
AZZip Code
85016Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

198.69

Transaction ID : SB17.I211

☒ Memo Item**B. BEST WESTERN HOTELS & RESORTS**

Mailing Address 6201 NORTH 24TH PARKWAY

City
PHOENIXState
AZZip Code
85016Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

198.69

Transaction ID : SB17.I212

☒ Memo Item**C. EXXON MOBIL**

Mailing Address 22777 SPRINGWOODS VILLAGE PARKWAY

City
SPRINGState
TXZip Code
77389Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

120.57

Transaction ID : SB17.I209

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

0.00

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXXON MOBIL

Mailing Address 22777 SPRINGWOODS VILLAGE PARKWAY

City
SPRINGState
TXZip Code
77389Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

18.08

Transaction ID : SB17.I210

☒ Memo Item**B. EXXON MOBIL**

Mailing Address 22777 SPRINGWOODS VILLAGE PARKWAY

City
SPRINGState
TXZip Code
77389Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1.06

Transaction ID : SB17.I217

☒ Memo Item**C. EXXON MOBIL**

Mailing Address 22777 SPRINGWOODS VILLAGE PARKWAY

City
SPRINGState
TXZip Code
77389Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

122.16

Transaction ID : SB17.I218

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

0.00

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXXON MOBIL

Mailing Address 22777 SPRINGWOODS VILLAGE PARKWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2026

City
SPRINGState
TXZip Code
77389Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

9.84

Transaction ID : SB17.I219

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. EXXON MOBIL

Mailing Address 22777 SPRINGWOODS VILLAGE PARKWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2026

City
SPRINGState
TXZip Code
77389Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

132.15

Transaction ID : SB17.I227

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. EXXON MOBIL

Mailing Address 22777 SPRINGWOODS VILLAGE PARKWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		07		2026

City
SPRINGState
TXZip Code
77389Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

16.34

Transaction ID : SB17.I228

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

0.00

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

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

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXXON MOBIL

Mailing Address 22777 SPRINGWOODS VILLAGE PARKWAY

City
SPRINGState
TXZip Code
77389Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

55.61

Transaction ID : SB17.I249

☒ Memo Item**B. EXXON MOBIL**

Mailing Address 22777 SPRINGWOODS VILLAGE PARKWAY

City
SPRINGState
TXZip Code
77389Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

76.13

Transaction ID : SB17.I251

☒ Memo Item**C. EXXON MOBIL**

Mailing Address 22777 SPRINGWOODS VILLAGE PARKWAY

City
SPRINGState
TXZip Code
77389Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

26.80

Transaction ID : SB17.I252

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

0.00

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. EXXON MOBIL

Mailing Address 22777 SPRINGWOODS VILLAGE PARKWAY

City
SPRINGState
TXZip Code
77389Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

55.61

Transaction ID : SB17.I257

☒ Memo Item**B. FAIRFIELD INN & SUITES**

Mailing Address 10400 FERNWOOD ROAD

City
BETHESDAState
MDZip Code
20817-1102Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

246.40

Transaction ID : SB17.I223

☒ Memo Item**C. GARNER HOTEL**

Mailing Address 2597 SOUTH DOUGLAS HIGHWAY

City
GILLETTEState
WYZip Code
82718-6411Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

274.85

Transaction ID : SB17.I229

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. GARNER HOTEL

Mailing Address 2597 SOUTH DOUGLAS HIGHWAY

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	2	6

City
GILLETTEState
WYZip Code
82718-6411

FEC Identification Number

CPurpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

274.85

Transaction ID : SB17.I230

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. GRAZIE NONNA

Mailing Address 1100 15TH STREET NORTHWEST

Date of Disbursement

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

City
WASHINGTONState
DCZip Code
20005-1707

FEC Identification Number

CPurpose of Disbursement
FOOD

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

234.75

Transaction ID : SB17.I236

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. HILTON

Mailing Address 7930 JONES BRANCH DRIVE

Date of Disbursement

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

City
MCLEANState
VAZip Code
22102-3393

FEC Identification Number

CPurpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

105.90

Transaction ID : SB17.I233

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HILTON

Mailing Address 7930 JONES BRANCH DRIVE

Date of Disbursement

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

City
MCLEANState
VAZip Code
22102-3393

FEC Identification Number

CPurpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

101.90

Transaction ID : SB17.I235

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. HILTON

Mailing Address 7930 JONES BRANCH DRIVE

Date of Disbursement

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

City
MCLEANState
VAZip Code
22102-3393

FEC Identification Number

CPurpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

61.70

Transaction ID : SB17.I239

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. HILTON

Mailing Address 7930 JONES BRANCH DRIVE

Date of Disbursement

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

City
MCLEANState
VAZip Code
22102-3393

FEC Identification Number

CPurpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

827.23

Transaction ID : SB17.I243

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

0.00

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

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

PAGE 26 OF 39

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. HILTON

Mailing Address 7930 JONES BRANCH DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		13		2026

City
MCLEANState
VAZip Code
22102-3393

FEC Identification Number

CPurpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

911.15

Transaction ID : SB17.I245

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. MAVERIK INC.Mailing Address 185 SOUTH STATE STREET
SUITE 800

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2026

City
SALT LAKE CITYState
UTZip Code
84111-1538

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.38

Transaction ID : SB17.I213

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. MAVERIK INC.Mailing Address 185 SOUTH STATE STREET
SUITE 800

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		30		2026

City
SALT LAKE CITYState
UTZip Code
84111-1538

FEC Identification Number

CPurpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

85.54

Transaction ID : SB17.I215

☒ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MAVERIK INC.Mailing Address 185 SOUTH STATE STREET
SUITE 800City
SALT LAKE CITYState
UTZip Code
84111-1538Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

18.52

Transaction ID : SB17.I216

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. MAVERIK INC.Mailing Address 185 SOUTH STATE STREET
SUITE 800City
SALT LAKE CITYState
UTZip Code
84111-1538Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

93.14

Transaction ID : SB17.I248

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. STINKER STORES

Mailing Address 6680 WEST YELLOWSTONE HIGHWAY

City
CASPERState
WYZip Code
82604-1910Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.I220

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STINKER STORES

Mailing Address 6680 WEST YELLOWSTONE HIGHWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2026

City
CASPERState
WYZip Code
82604-1910Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

95.45

Transaction ID : SB17.I253

☒ Memo Item**B. STINKER STORES**

Mailing Address 6680 WEST YELLOWSTONE HIGHWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2026

City
CASPERState
WYZip Code
82604-1910Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

23.98

Transaction ID : SB17.I254

☒ Memo Item**C. STINKER STORES**

Mailing Address 6680 WEST YELLOWSTONE HIGHWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		28		2026

City
CASPERState
WYZip Code
82604-1910Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

FEC Identification Number

C

Amount of Each Disbursement this Period

89.66

Transaction ID : SB17.I255

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

0.00

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

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CHAPMAN, FRANK, , ,Mailing Address 16985 BUFFALO VALLEY ROAD
PO BOX 70City
MORANState
WYZip Code
83013Purpose of Disbursement
IN-KIND: FILING FEECandidate Name
CHAPMAN, FRANK, , ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		27		2026

FEC Identification Number

C H6WY01157

Amount of Each Disbursement this Period

768.00

Transaction ID : SB17.I260

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BROOKOVER, EDWARD, , ,

Mailing Address 105 GLENKINCHIEY COURT

City
YORKTOWNState
VAZip Code
23693-5600Purpose of Disbursement
VOTER LIST REIMBURSEMENT

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		09		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

2096.00

Transaction ID : SB17.I23

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CONLEY, DENVER, , ,

Mailing Address P.O. BOX 70

City
MORANState
WYZip Code
83013Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I28

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

5364.00

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

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CONLEY, DENVER , , ,

Mailing Address P.O. BOX 70

City
MORANState
WYZip Code
83013Purpose of Disbursement
CAMPAIGN CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I29

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVENUE
SUITE 413-B561City
CHEYENNEState
WYZip Code
82001-4569Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

311.26

Transaction ID : SB17.I12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVENUE
SUITE 413-B561City
CHEYENNEState
WYZip Code
82001-4569Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

235.17

Transaction ID : SB17.I32

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

3046.43

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

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

PAGE 31 OF 39

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVENUE
SUITE 413-B561City
CHEYENNEState
WYZip Code
82001-4569Purpose of Disbursement
FUNDRAISING FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

284.13

Transaction ID : SB17.I36

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMBIMailing Address 312 WEST 2ND STREET
P.O. BOX 2951City
CASPERState
WYZip Code
82602Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

6119.56

Transaction ID : SB17.I17

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMBIMailing Address 312 WEST 2ND STREET
P.O. BOX 2951City
CASPERState
WYZip Code
82602Purpose of Disbursement
PRINTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

414.20

Transaction ID : SB17.I18

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

6817.89

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ARMORY PRODUCTIONS LLC

Mailing Address 8234 NECTAR RIDGE COURT

City
ODESSAState
FLZip Code
33556-3224Purpose of Disbursement
PHOTO PRODUCTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

12245.86

Transaction ID : SB17.I26

☐ Memo Item**B. CREATED BY REMI LLC**

Mailing Address 42935 NOKES CORNER TERRACE

City
ASHBURNState
VAZip Code
20148Purpose of Disbursement
VIDEO PRODUCTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

14250.00

Transaction ID : SB17.I11

☐ Memo Item**C. CREATED BY REMI LLC**

Mailing Address 42935 NOKES CORNER TERRACE

City
ASHBURNState
VAZip Code
20148Purpose of Disbursement
VIDEO PRODUCTION

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

8750.00

Transaction ID : SB17.I16

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

35245.86

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

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

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CREATED BY REMI LLC

Mailing Address 42935 NOKES CORNER TERRACE

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	2	6

City
ASHBURNState
VAZip Code
20148

FEC Identification Number

CPurpose of Disbursement
VIDEO PRODUCTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

21779.00

Transaction ID : SB17.I19

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. CREATED BY REMI LLC

Mailing Address 42935 NOKES CORNER TERRACE

Date of Disbursement

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

City
ASHBURNState
VAZip Code
20148

FEC Identification Number

CPurpose of Disbursement
VIDEO PRODUCTION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8750.00

Transaction ID : SB17.I25

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. CROSSROADS MEDIA LLCMailing Address 66 CANAL CENTER PLAZA
SUITE 555

Date of Disbursement

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

City
ALEXANDRIAState
VAZip Code
22314-1591

FEC Identification Number

CPurpose of Disbursement
DIGITAL ADVERTISING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

26770.00

Transaction ID : SB17.I27

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

57299.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ELECTION CFO

Mailing Address 535 B EAST BRADDOCK ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2026

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

CPurpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2573.58

Transaction ID : SB17.I13

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. ELECTION CFO

Mailing Address 535 B EAST BRADDOCK ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		03		2026

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

CPurpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2575.50

Transaction ID : SB17.I21

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. ELECTION CFO

Mailing Address 535 B EAST BRADDOCK ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2026

City
ALEXANDRIAState
VAZip Code
22314

FEC Identification Number

CPurpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2593.12

Transaction ID : SB17.I9

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

7742.20

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MERAKI MEDIA LLC

Mailing Address 105 GLENKINCHIEY COURT

City
YORKTOWNState
VAZip Code
23693-5600Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.I10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MERAKI MEDIA LLC

Mailing Address 105 GLENKINCHIEY COURT

City
YORKTOWNState
VAZip Code
23693-5600Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.I14

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MERAKI MEDIA LLC

Mailing Address 105 GLENKINCHIEY COURT

City
YORKTOWNState
VAZip Code
23693-5600Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.I20

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

30000.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MERAKI MEDIA LLC

Mailing Address 105 GLENKINCHIEY COURT

City
YORKTOWNState
VAZip Code
23693-5600Purpose of Disbursement
MEDIA CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

18345.00

Transaction ID : SB17.I37

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NORTH STAR OPINION RESEARCH, INC.Mailing Address 400 ARMY NAVY DRIVE
#1824City
ARLINGTONState
VAZip Code
22202Purpose of Disbursement
POLLING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

24800.00

Transaction ID : SB17.I24

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. THE PROSPER GROUP

Mailing Address 4495 WEST STONES CROSSING ROAD

City
GREENWOODState
INZip Code
46143-9405Purpose of Disbursement
DIGITAL ADVERTISING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

28500.00

Transaction ID : SB17.I15

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

71645.00

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

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

CHAPMAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. THE PROSPER GROUP

Mailing Address 4495 WEST STONES CROSSING ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		04		2026

City
GREENWOODState
INZip Code
46143-9405

FEC Identification Number

CPurpose of Disbursement
DIGITAL ADVERTISING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

52400.00

Transaction ID : SB17.I22

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. THE PROSPER GROUP

Mailing Address 4495 WEST STONES CROSSING ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2026

City
GREENWOODState
INZip Code
46143-9405

FEC Identification Number

CPurpose of Disbursement
DIGITAL ADVERTISING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

39000.00

Transaction ID : SB17.I31

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. THE PROSPER GROUP

Mailing Address 4495 WEST STONES CROSSING ROAD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		26		2026

City
GREENWOODState
INZip Code
46143-9405

FEC Identification Number

CPurpose of Disbursement
DIGITAL ADVERTISING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

227118.00

Transaction ID : SB17.I35

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

318518.00

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

542112.30

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

PAGE 38 OF 39

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.3

CHAPMAN FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CHAPMAN, FRANK, , ,

Mailing Address

16985 BUFFALO VALLEY ROAD
PO BOX 70

City

MORAN

State

WY

ZIP Code

83013

☒ Personal Funds of the Candidate

Original Amount of Loan

560000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

560000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 04 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

On Demand

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

560000.00

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

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

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

PAGE 39 OF 39

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC10.38

CHAPMAN FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CHAPMAN, FRANK, , ,

Mailing Address

16985 BUFFALO VALLEY ROAD
PO BOX 70

City

MORAN

State

WY

ZIP Code

83013

☐ Personal Funds of the Candidate

Original Amount of Loan

500000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 25 / 2026

M M / D D / Y Y Y Y

On Demand

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

500000.00

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

1060000.00

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