



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**AMRIZE NORTH AMERICA INC. EMPLOYEES PAC (AKA AMRIZE US EMPLOYEES PAC)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>	<input type="text" value="98892.61"/>	<input type="text" value="98892.61"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="88621.25"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="1692.16"/>	<input type="text" value="9420.80"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="90313.41"/>	<input type="text" value="108313.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8500.00"/>	<input type="text" value="26500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="81813.41"/>	<input type="text" value="81813.41"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**AMRIZE NORTH AMERICA INC. EMPLOYEES PAC (AKA AMRIZE US EMPLOYEES PAC)**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1035.64	3498.97
(ii) Unitemized .....	656.52	5921.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1692.16	9420.80
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	1692.16	9420.80
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1692.16	9420.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1692.16	9420.80

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	20500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. 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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	6000.00	6000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8500.00	26500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	26500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1692.16	9420.80
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1692.16	9420.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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)  
**AMRIZE NORTH AMERICA INC. EMPLOYEES PAC (AKA AMRIZE US EMPLOYEES PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Barrera, Virgilio, , ,</b>			Date of Receipt MM / DD / YYYY 05 / 22 / 2026 <b>Transaction ID : SA11AI.5341</b>
Mailing Address 660 N. Capitol St. NW Suite 850			Amount of Each Receipt this Period 200.00
City Washington	State DC	Zip Code 20001	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Bi-weekly payroll deduction contribution
Name of Employer (for Individual) Amrize		Occupation (for Individual) Director, Government & Public Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Berlucchi, Joseph, , ,</b>			Date of Receipt MM / DD / YYYY 05 / 22 / 2026 <b>Transaction ID : SA11AI.5342</b>
Mailing Address 2243 Brakeman Ln.			Amount of Each Receipt this Period 50.00
City Thompson's Station	State TN	Zip Code 37179	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Bi-weekly payroll deduction contribution
Name of Employer (for Individual) Amrize		Occupation (for Individual) Manager General	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Bochnowski, Timothy, , ,</b>			Date of Receipt MM / DD / YYYY 05 / 22 / 2026 <b>Transaction ID : SA11AI.5343</b>
Mailing Address 1267 Fox Crest Ct			Amount of Each Receipt this Period 36.48
City Park City	State UT	Zip Code 84098	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item Bi-weekly payroll deduction contribution
Name of Employer (for Individual) Amrize		Occupation (for Individual) Manager Market	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 200.64		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	286.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMRIZE NORTH AMERICA INC. EMPLOYEES PAC (AKA AMRIZE US EMPLOYEES PAC)**

**A. Buelow, Keith, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24048 CR 1515

City Ada	State OK	Zip Code 74820
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Amrize	Occupation (for Individual) Director Human Resources
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
254.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2026  
**Transaction ID : SA11AI.5344**

Amount of Each Receipt this Period  
46.28

Memo Item  
Bi-weekly payroll deduction contribution

**B. Cleary, Patrick, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7450 Bonnie Dr

City Lakewood	State IL	Zip Code 60014
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Amrize	Occupation (for Individual) Senior VP, US Cement
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2026  
**Transaction ID : SA11AI.5348**

Amount of Each Receipt this Period  
80.00

Memo Item  
Bi-weekly payroll deduction contribution

**C. Fox, Adam, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4354 Hebron St.

City Irving	State TX	Zip Code 75061
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Amrize	Occupation (for Individual) Market Manager
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2026  
**Transaction ID : SA11AI.5354**

Amount of Each Receipt this Period  
60.00

Memo Item  
Bi-weekly payroll deduction contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	186.28
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMRIZE NORTH AMERICA INC. EMPLOYEES PAC (AKA AMRIZE US EMPLOYEES PAC)**

**A. Hriczak, Larry, , , Jr.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 534 Wilshire Ave  
 City Glen Ellyn State IL Zip Code 60137  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amrize Occupation (for Individual) Leader Lake and East Marine  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 05 / 22 / 2026  
**Transaction ID : SA11AI.5359**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Bi-weekly payroll deduction contribution

**B. Kanouse, Terri, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1529 Gatekeeper Way  
 City Dayton State OH Zip Code 45458  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amrize Occupation (for Individual) Director, Hazardous Waste & Operator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.67

Date of Receipt 05 / 22 / 2026  
**Transaction ID : SA11AI.5363**  
 Amount of Each Receipt this Period 46.58  
 Memo Item  
 Bi-weekly payroll deduction contribution

**C. Kurth, Justin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 30 Iris Lane  
 City Penrose State CO Zip Code 81240  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amrize Occupation (for Individual) Public Affairs and Community Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 05 / 22 / 2026  
**Transaction ID : SA11AI.5364**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 Bi-weekly payroll deduction contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	206.58
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMRIZE NORTH AMERICA INC. EMPLOYEES PAC (AKA AMRIZE US EMPLOYEES PAC)**

**A. LeMonds, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8700 West Bryn Mawr Avenue  
 Suite 300  
 City Chicago State IL Zip Code 60631  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amrize Occupation (for Individual) VP, Environment, Land and Gov Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 05 / 22 / 2026  
**Transaction ID : SA11AI.5367**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 Bi-weekly payroll deduction contribution

**B. Sorcic, Anthony, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 778 CR 4522  
 City Decatur State TX Zip Code 76234-5414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amrize Occupation (for Individual) Engineer Technical Services II  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 236.39

Date of Receipt 05 / 22 / 2026  
**Transaction ID : SA11AI.5382**  
 Amount of Each Receipt this Period 42.98  
 Memo Item  
 Bi-weekly payroll deduction contribution

**C. Thomas, Paul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O.Box 370  
 City Zanesville State OH Zip Code 43702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Amrize Occupation (for Individual) Manager Area Sales  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 22 / 2026  
**Transaction ID : SA11AI.5386**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Bi-weekly payroll deduction contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	262.98
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**AMRIZE NORTH AMERICA INC. EMPLOYEES PAC (AKA AMRIZE US EMPLOYEES PAC)**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
West, Robert E, , ,

Mailing Address PO Box 582

City Bowman	State SC	Zip Code 29018
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Amrize	Occupation (for Individual) Manager Production Cement
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
293.26

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2026  
**Transaction ID : SA11AI.5389**

Amount of Each Receipt this Period  
53.32

Memo Item  
Bi-weekly payroll deduction contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zurawski, Allyson, , ,

Mailing Address 7130 Bear Ridge Road

City North Tonawanda	State NY	Zip Code 14120
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Amrize	Occupation (for Individual) Manager Environment and Land
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 22 / 2026  
**Transaction ID : SA11AI.5391**

Amount of Each Receipt this Period  
40.00

Memo Item  
Bi-weekly payroll deduction contribution

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	93.32
<b>TOTAL</b> This Period (last page this line number only).....	1035.64

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

AMRIZE NORTH AMERICA INC. EMPLOYEES PAC (AKA AMRIZE US EMPLOYEES PAC)

Full Name (Last, First, Middle Initial)

A. AMERICAN WATERWAYS OPERATORS-PAC

Mailing Address 801 N. QUINCY STREET, SUITE 200

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement

Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date of Disbursement form: 05 / 14 / 2026

FEC Identification Number

C00034678

Transaction ID : SB23.5393

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. CITIZENS TO ELECT RICK LARSEN

Mailing Address PO BOX 326

City EVERETT State WA Zip Code 98206

Purpose of Disbursement

Contribution

Candidate Name

LARSEN, RICK, , ,

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify)

State: WA District: 02

Date of Disbursement

Date of Disbursement form: 05 / 14 / 2026

FEC Identification Number

C00345546

Transaction ID : SB23.5392

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement

Date of Disbursement form

FEC Identification Number

C

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period

Memo Item

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

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

2500.00

2500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMRIZE NORTH AMERICA INC. EMPLOYEES PAC (AKA AMRIZE US EMPLOYEES PAC)**

Full Name (Last, First, Middle Initial)

**A. Amrize US Employees Michigan PAC**

Date of Disbursement

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

Mailing Address 8700 West Bryn Mawr Avenue  
Suite 300

City Chicago State IL Zip Code 60631

Purpose of Disbursement  
Transfer to affiliated PAC

008
Category/ Type

FEC Identification Number

C
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Transaction ID : SB29.5394

Amount of Each Disbursement this Period

6000.00
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Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C
---

Amount of Each Disbursement this Period

--

Memo Item

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

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

6000.00
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**TOTAL** This Period (last page this line number only).....▶

6000.00
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