

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

KATHLEEN WILLIAMS FOR MONTANA

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4455.97	67451.09
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	4455.97	67451.09
8. Cash on Hand at Close of Reporting Period (from Line 27)	84222.15	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

KATHLEEN WILLIAMS FOR MONTANA

Report Covering the Period: From: / To: /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	65.02	188.46
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	65.02	188.46

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.....	4455.97	67451.09
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	4670.00	9670.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9125.97	77121.09

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	93283.10
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	65.02
25. SUBTOTAL (add Line 23 and Line 24).....	93348.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9125.97
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	84222.15

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KATHLEEN WILLIAMS FOR MONTANA

Full Name (Last, First, Middle Initial) A. Elias Law Group		Date of Disbursement M M / D D / Y Y Y Y 11 / 24 / 2025
Mailing Address 250 Massachusetts Ave NW Suite 400		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Legal services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 239.70	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4367
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Elias Law Group		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2025
Mailing Address 250 Massachusetts Ave NW Suite 400		FEC Identification Number C
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Legal services	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2955.45	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4375
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Markoff, Andrew, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2025
Mailing Address 205 N 9th Street, Apt. 5A		FEC Identification Number C
City Brooklyn	State NY	Zip Code 11211
Purpose of Disbursement Political consulting	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 903.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID : SB17.4362
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4098.15
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 9	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KATHLEEN WILLIAMS FOR MONTANA

Full Name (Last, First, Middle Initial) A. WILLIAMS, KATHLEEN, , ,		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2025
Mailing Address PO BOX 548		FEC Identification Number C H8MT01232
City BOZEMAN	State MT	Zip Code 59771
Purpose of Disbursement Mileage reimbursement		Amount of Each Disbursement this Period 284.20
Candidate Name		Transaction ID : SB17.4361
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: MT District: 01		

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	284.20
TOTAL This Period (last page this line number only).....▶	4382.35

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 7 OF 9	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KATHLEEN WILLIAMS FOR MONTANA

Full Name (Last, First, Middle Initial)
A. CHRISTY DAVIS FOR KANSAS 2026

Mailing Address 715 1ST ST.

City COTTONWOOD FALLS State KS Zip Code 66845

Purpose of Disbursement Contribution 011 Category/Type

Candidate Name DAVIS, CHRISTY, , ,

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: KS District: 00

Date of Disbursement: 12 / 26 / 2025

FEC Identification Number: C C00915934

Amount of Each Disbursement this Period: 1000.00

Transaction ID : SB21.4408

Memo Item

Full Name (Last, First, Middle Initial)
B. Gallatin County Democratic Committee

Mailing Address PO Box 344

City Bozeman State MT Zip Code 59771

Purpose of Disbursement Non-Federal Contribution Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 10 / 12 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 250.00

Transaction ID : SB21.4365

Memo Item

Full Name (Last, First, Middle Initial)
C. Griffith for HD 60

Mailing Address P.O. Box 160748

City Big Sky State MT Zip Code 59716

Purpose of Disbursement Non-Federal Contribution Category/Type

Candidate Name

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

State: District:

Date of Disbursement: 11 / 13 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 450.00

Transaction ID : SB21.4394

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1700.00

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 9	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KATHLEEN WILLIAMS FOR MONTANA

Full Name (Last, First, Middle Initial) A. Kathleen for Montana		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2025
Mailing Address PO Box 548		FEC Identification Number C
City Bozeman	State MT	Zip Code 59771
Purpose of Disbursement Non-Federal Contribution (refunded 2/11/26)		Amount of Each Disbursement this Period 450.00
Candidate Name		Transaction ID : SB21.4369
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Kathleen for Montana		Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025
Mailing Address PO Box 548		FEC Identification Number C
City Bozeman	State MT	Zip Code 59771
Purpose of Disbursement Non-Federal Contribution (refunded 2/11/26)		Amount of Each Disbursement this Period 20.00
Candidate Name		Transaction ID : SB21.4396
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. MARTIN HEINRICH FOR SENATE		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address PO BOX 25763		FEC Identification Number C C00434563
City ALBUQUERQUE	State NM	Zip Code 87125
Purpose of Disbursement Contribution		Amount of Each Disbursement this Period 500.00
Candidate Name HEINRICH, MARTIN, , ,		Transaction ID : SB21.4397
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: NM District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	970.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 9	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KATHLEEN WILLIAMS FOR MONTANA

Full Name (Last, First, Middle Initial) A. NIKKI G FOR SD			Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2025
Mailing Address P.O. BOX 88403			FEC Identification Number C C00918961
City SIOUX FALLS	State SD	Zip Code 57109	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution		Category/ Type 011	Transaction ID : SB21.4405
Candidate Name GRONLI, NICOLE, , ,		Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: SD	District: 01	

Full Name (Last, First, Middle Initial) B. Rosenzweig for Montana			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025
Mailing Address PO Box 134			FEC Identification Number C
City Bozeman	State MT	Zip Code 59771	Amount of Each Disbursement this Period 450.00
Purpose of Disbursement Non-Federal Contribution (refunded 2/11/26)		Category/ Type	Transaction ID : SB21.4373
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	

Full Name (Last, First, Middle Initial) C. Seckinger for Montana			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025
Mailing Address PO Box 1555			FEC Identification Number C
City Bozeman	State MT	Zip Code 59771	Amount of Each Disbursement this Period 450.00
Purpose of Disbursement Non-Federal Contribution (refunded 2/11/26)		Category/ Type	Transaction ID : SB21.4403
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1900.00
TOTAL This Period (last page this line number only).....▶	4570.00