

**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

FRANK BARNITZ FOR CONGRESS

ADDRESS (number and street)

PO BOX 1113



Check if different than previously reported. (ACC)

ROLLA

MO

65402

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00934620

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

MO

08

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  
08 / 04 / 2026

in the State of

MO

(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  
07 / 01 / 2026

through

M M / D D / Y Y Y Y  
07 / 15 / 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 Long, Paul, Isaac, Mr.,

Signature of Treasurer

Long, Paul, Isaac, Mr.,

Date

M M / D D / Y Y Y Y  
07 / 22 / 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

FRANK BARNITZ FOR CONGRESS

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 1 |   | 2 | 0 | 2 | 6 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 1883.61                 | 48419.82                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 1883.61                 | 48419.82                           |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 22211.49                | 55437.70                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 22211.49                | 55437.70                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 19800.26                |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 0.00                    |                                    |

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRANK BARNITZ FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY  
07 / 01 / 2026

To:

MM / DD / YYYY  
07 / 15 / 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).....

450.00

31650.00

(ii) Unitemized .....

1433.61

16769.82

(iii) TOTAL of contributions  
from individuals ▶

1883.61

48419.82

(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))..

1883.61

48419.82

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.) .....

0.00

0.00

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

1883.61

48419.82

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 22211.49                      | 55437.70                           |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 22211.49                      | 55437.70                           |

## **III. CASH SUMMARY**

|                                                                                       |          |
|---------------------------------------------------------------------------------------|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 40128.14 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 1883.61  |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 42011.75 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 22211.49 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 19800.26 |

# **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 8

☒ 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)

**FRANK BARNITZ FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Bayless, David, , ,

**A.**

Mailing Address 11980 County Road 5300

City

Rolla

State

MO

Zip Code

65401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Missouri S & T

Occupation

Professor

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 03 2026

Transaction ID : SA11AI.5116

Amount of Each Receipt this Period

250.00

☐ Memo Item  
online

Full Name (Last, First, Middle Initial)

Borg, Kathleen, , ,

**B.**

Mailing Address 6695 Highway Vv

City

Licking

State

MO

Zip Code

65542

FEC ID number of contributing  
federal political committee.

C

Name of Employer

unemployed

Occupation

unemployed

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

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

Transaction ID : SA11AI.5118

Amount of Each Receipt this Period

200.00

☐ Memo Item  
online

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

450.00

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

450.00

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

PAGE 6 OF 8

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

FRANK BARNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Blue Pear C/O David Woodruff**

Mailing Address 8 The Woods NE

City  
Iowa CityState  
IAZip Code  
52240Purpose of Disbursement  
campaign management

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.5155

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Blue Pear C/O David Woodruff**

Mailing Address 8 The Woods NE

City  
Iowa CityState  
IAZip Code  
52240Purpose of Disbursement  
Campaign Materials

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 0 | 8 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

8284.42

Transaction ID : SB17.5148

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Blue Pear C/O David Woodruff**

Mailing Address 8 The Woods NE

City  
Iowa CityState  
IAZip Code  
52240Purpose of Disbursement  
Campaign Materials

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 |   | 1 | 5 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

6756.65

Transaction ID : SB17.5154

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

19041.07

**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 7 OF 8

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

FRANK BARNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. Chapman, Camilla, , ,**

Mailing Address PO Box 102

Date of Disbursement

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

City  
Lake SpringState  
MOZip Code  
65532

FEC Identification Number

Purpose of Disbursement  
reimbursement event expenses

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 4 | 0 | 6 | . | 8 | 5 |
|---|---|---|---|---|---|

Transaction ID : SB17.5158

☐ 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)

**B. Wells Package**

Mailing Address 1412 Scenic Rivers Blvd

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 9 |   | 2 | 0 | 2 | 6 |

City  
SalemState  
MOZip Code  
65560

FEC Identification Number

Purpose of Disbursement  
Event Expenses (beverages)

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 4 | 0 | 6 | . | 8 | 5 |
|---|---|---|---|---|---|

Transaction ID : SB17.5158.0

☒ 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. Chapman, Camilla, , ,**

Mailing Address PO Box 102

Date of Disbursement

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

City  
Lake SpringState  
MOZip Code  
65532

FEC Identification Number

Purpose of Disbursement  
reimbursement for postage purchase

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 3 | 0 | 5 | . | 0 | 0 |
|---|---|---|---|---|---|

Transaction ID : SB17.5164

☐ 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).....▶

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 7 | 1 | 1 | . | 8 | 5 |
|---|---|---|---|---|---|

**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 8 OF 8

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

FRANK BARNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. US Postal Service**

Mailing Address 501 W.8th Street

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 05  |   | 03  |   | 2026    |

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Rolla | MO    | 65401    |

Purpose of Disbursement  
stamps

Candidate Name

Category/  
Type

|                |           |                                                                   |
|----------------|-----------|-------------------------------------------------------------------|
| Office Sought: | House     | Disbursement For:                                                 |
|                | Senate    |                                                                   |
|                | President |                                                                   |
| State:         | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                |           | <input type="checkbox"/> Other (specify) ▼                        |

FEC Identification Number

C

Amount of Each Disbursement this Period

305.00

Transaction ID : SB17.5164.0

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Color Plus**

Mailing Address 10093 County Road 3010

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 07  |   | 2026    |

|       |       |          |
|-------|-------|----------|
| City  | State | Zip Code |
| Rolla | MO    | 65401    |

Purpose of Disbursement  
printing

Candidate Name

Category/  
Type

|                |           |                                                                   |
|----------------|-----------|-------------------------------------------------------------------|
| Office Sought: | House     | Disbursement For:                                                 |
|                | Senate    |                                                                   |
|                | President |                                                                   |
| State:         | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                |           | <input type="checkbox"/> Other (specify) ▼                        |

FEC Identification Number

C

Amount of Each Disbursement this Period

189.63

Transaction ID : SB17.5151

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Gray, Mackenzie, , ,**

Mailing Address 505 Washington Ave

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  |   | 07  |   | 2026    |

|                |       |          |
|----------------|-------|----------|
| City           | State | Zip Code |
| Cape Girardeau | MO    | 63701    |

Purpose of Disbursement  
campaign coordination

Candidate Name

Category/  
Type

|                |           |                                                                   |
|----------------|-----------|-------------------------------------------------------------------|
| Office Sought: | House     | Disbursement For:                                                 |
|                | Senate    |                                                                   |
|                | President |                                                                   |
| State:         | District: | <input type="checkbox"/> Primary <input type="checkbox"/> General |
|                |           | <input type="checkbox"/> Other (specify) ▼                        |

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.5156

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

2189.63

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

21942.55