

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. 1 2 F E 4 M 5

LONG FOR SENATE 2026

ADDRESS (number and street) PO BOX 573

Check if different than previously reported. (ACC)

EDWARDSVILLE IL 62025

CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER** C C00904516

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

STATE DISTRICT IL 00

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 11 / 03 / 2026 in the State of IL

(c) 30-Day **POST**-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period 01 / 01 / 2026 through 02 / 25 / 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 Baker, Harvey, , ,

Signature of Treasurer *Baker, Harvey, , ,* Date 04 / 02 / 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.

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

LONG FOR SENATE 2026

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

	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))....	<input type="text" value="3802.01"/>	<input type="text" value="19680.93"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="3802.01"/>	<input type="text" value="19680.93"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="2300.00"/>	<input type="text" value="13885.01"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="2300.00"/>	<input type="text" value="13885.01"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="994.39"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="2637.99"/>	

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

LONG FOR SENATE 2026

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 02 / 25 / 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).....	876.35	12298.86
(ii) Unitemized.....	2925.66	7382.07
(iii) TOTAL of contributions from individuals ▶	3802.01	19680.93
(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))..	3802.01	19680.93
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	2637.99
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	2637.99
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)..... ▶	3802.01	22318.92

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.....	2300.00	13885.01
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	2834.83	7439.52
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5134.83	21324.53

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2327.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3802.01
25. SUBTOTAL (add Line 23 and Line 24).....	6129.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5134.83
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	994.39

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 33
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

A. Full Name (Last, First, Middle Initial)
Jackie Sample

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 12 / 2026

Transaction ID : SA11AI.5040

Amount of Each Receipt this Period
100.00

Memo Item
In-kind - Housing

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

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 13 / 2026

Transaction ID : SA11AI.5041

Amount of Each Receipt this Period
100.00

Memo Item
In-kind - Housing

C. Full Name (Last, First, Middle Initial)
Jackie Sample

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 19 / 2026

Transaction ID : SA11AI.5042

Amount of Each Receipt this Period
100.00

Memo Item
In-kind - Housing

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 33
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

A. Full Name (Last, First, Middle Initial)
Jackie Sample

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2026

Transaction ID : SA11AI.5043

Amount of Each Receipt this Period
100.00

Memo Item
In-kind - Housing

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

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
700.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 21 / 2026

Transaction ID : SA11AI.5044

Amount of Each Receipt this Period
100.00

Memo Item
In-kind - Housing

C. Full Name (Last, First, Middle Initial)
Lewis, Doris, , ,

Mailing Address 4800 S Chicago Beach Dr

City Chicago State IL Zip Code 60615

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 ▼
205.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 25 / 2026

Transaction ID : SA11AI.4926

Amount of Each Receipt this Period
26.35

Memo Item
donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 226.35

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

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

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

FOR LINE NUMBER: PAGE 7 OF 33
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

A. Full Name (Last, First, Middle Initial)
Mitchell, James, C, ,

Mailing Address 1557 Cardinal St

City Lindenhurst State IL Zip Code 60046

FEC ID number of contributing federal political committee. C

Name of Employer not provided Occupation not provided

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 20 / 2026

Transaction ID : SA11AI.4920

Amount of Each Receipt this Period
100.00

Memo Item donation

B. Full Name (Last, First, Middle Initial)
Mitchell, James, C, ,

Mailing Address 1557 Cardinal St

City Lindenhurst State IL Zip Code 60046

FEC ID number of contributing federal political committee. C

Name of Employer not provided Occupation not provided

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
02 / 22 / 2026

Transaction ID : SA11AI.4921

Amount of Each Receipt this Period
100.00

Memo Item donation

C. Full Name (Last, First, Middle Initial)
Peoples, Iris, , ,

Mailing Address 1764 Bancroft Dr

City Santa Rosa State CA Zip Code 95401

FEC ID number of contributing federal political committee. C

Name of Employer 4G Occupation Technical PM

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 237.08

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 15 / 2026

Transaction ID : SA11AI.4847

Amount of Each Receipt this Period
25.00

Memo Item donation

SUBTOTAL of Receipts This Page (optional)..... ▶ 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 8 OF 33
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) Peoples, Iris, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 15 / 2026		
Mailing Address 1764 Bancroft Dr			Transaction ID : SA11AI.4909		
City Santa Rosa	State CA	Zip Code 95401	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item donation		
Name of Employer 4G		Occupation Technical PM			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 262.08			

Full Name (Last, First, Middle Initial) Powell, Ms, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 16 / 2026		
Mailing Address 3521 Laurel Fort Meade Road			Transaction ID : SA11AI.4850		
City Laurel	State MD	Zip Code 20724	Amount of Each Receipt this Period _____ 75.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item donation		
Name of Employer not provided		Occupation not provided			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 570.40			

Full Name (Last, First, Middle Initial) Stone, Ernest, , ,			Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 30 / 2026		
Mailing Address 702 Snowberry Ct Apt C			Transaction ID : SA11AI.4867		
City Essex	State MD	Zip Code 21221	Amount of Each Receipt this Period _____ 25.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item donation		
Name of Employer Anne Arunder County Government		Occupation Inspection			
Receipt For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ _____ 201.35			

SUBTOTAL of Receipts This Page (optional)..... ▶	_____ 125.00
TOTAL This Period (last page this line number only)..... ▶	_____ 876.35

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 9 OF 33			
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)
A. Jackie Sample

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement In-kind - Housing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 12 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.5049

Memo Item

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

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement In-kind - Housing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 13 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.5048

Memo Item

Full Name (Last, First, Middle Initial)
C. Jackie Sample

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement In-kind - Housing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 19 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.5047

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 300.00

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 10 OF 33	
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)
A. Jackie Sample

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement In-kind - Housing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 20 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.5046

Memo Item

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

Mailing Address 9476 Falling Water Dr East

City Burr Ridge State IL Zip Code 60527

Purpose of Disbursement In-kind - Housing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 21 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 100.00

Transaction ID : SB17.5045

Memo Item

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

Mailing Address 131 Varick Street

City New York State NY Zip Code 10013

Purpose of Disbursement marketing

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 02 / 05 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : SB17.4978

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 700.00

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 11 OF 33		
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Vibe		Date of Disbursement MM / DD / YYYY 02 / 17 / 2026
Mailing Address 131 Varick Street		FEC Identification Number C
City New York	State NY	Zip Code 10013
Purpose of Disbursement marketing		Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type	Transaction ID : SB17.5006
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Vibe		Date of Disbursement MM / DD / YYYY 02 / 20 / 2026
Mailing Address 131 Varick Street		FEC Identification Number C
City New York	State NY	Zip Code 10013
Purpose of Disbursement marketing		Amount of Each Disbursement this Period 500.00
Candidate Name	Category/ Type	Transaction ID : SB17.5007
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<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).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2026
Mailing Address		FEC Identification Number C
City Washinton	State DC	Zip Code
Purpose of Disbursement transporation		Amount of Each Disbursement this Period 123.20
Candidate Name	Category/ Type	Transaction ID : SB21.4942
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 01 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name	Category/ Type	Transaction ID : SB21.4868
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 02 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.4869
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 226 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	126.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.4870
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.4871
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.4872
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4.00
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 14 OF 33	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.4873
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 6.56
Candidate Name	Category/ Type	Transaction ID : SB21.4874
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name	Category/ Type	Transaction ID : SB21.4875
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	12.39
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 33	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name		Transaction ID : SB21.4876
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name		Transaction ID : SB21.4877
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 0.73
Candidate Name		Transaction ID : SB21.4878
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6.51
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 33	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement MM / DD / YYYY 01 / 08 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name	Category/ Type	Transaction ID : SB21.4879
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement MM / DD / YYYY 01 / 08 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.4880
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 01 / 08 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name	Category/ Type	Transaction ID : SB21.4881
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8.18
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 33	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 10 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.30
Candidate Name		Transaction ID : SB21.4882
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.30
Candidate Name		Transaction ID : SB21.4883
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 11 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name		Transaction ID : SB21.4884
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	9.95
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 33	
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot			Date of Disbursement MM / DD / YYYY 01 / 11 / 2026	
Mailing Address 1340 Poydras Street Suite 1770			FEC Identification Number C	
City New Orleans	State LA	Zip Code 70112	Amount of Each Disbursement this Period 2.40	
Purpose of Disbursement fee		Category/ Type	Transaction ID : SB21.4885	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Anedot			Date of Disbursement MM / DD / YYYY 01 / 15 / 2026	
Mailing Address 1340 Poydras Street Suite 1770			FEC Identification Number C	
City New Orleans	State LA	Zip Code 70112	Amount of Each Disbursement this Period 1.30	
Purpose of Disbursement fee		Category/ Type	Transaction ID : SB21.4886	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Anedot			Date of Disbursement MM / DD / YYYY 01 / 15 / 2026	
Mailing Address 1340 Poydras Street Suite 1770			FEC Identification Number C	
City New Orleans	State LA	Zip Code 70112	Amount of Each Disbursement this Period 1.30	
Purpose of Disbursement fee		Category/ Type	Transaction ID : SB21.4887	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	5.00
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 19 OF 33
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 15 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.4888
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 3.30
Candidate Name	Category/ Type	Transaction ID : SB21.4889
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.30
Candidate Name	Category/ Type	Transaction ID : SB21.4890
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	6.95
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 20 OF 33	
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.4891
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 20 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.4892
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.4893
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4.00
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 21 OF 33
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.4894
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name	Category/ Type	Transaction ID : SB21.4895
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.4896
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5.05
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 22 OF 33	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.4897
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name	Category/ Type	Transaction ID : SB21.4898
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.4899
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5.05
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 23 OF 33	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.4927
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name	Category/ Type	Transaction ID : SB21.4928
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 02 / 02 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name	Category/ Type	Transaction ID : SB21.4929
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8.23
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 24 OF 33
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement MM / DD / YYYY 02 / 03 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name	Category/ Type	Transaction ID : SB21.4930
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement MM / DD / YYYY 02 / 14 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name	Category/ Type	Transaction ID : SB21.4931
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 02 / 15 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.30
Candidate Name	Category/ Type	Transaction ID : SB21.4932
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	8.18
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 25 OF 33			
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name		Transaction ID : SB21.4933
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement M M / D D / Y Y Y Y 02 / 17 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.30
Candidate Name		Transaction ID : SB21.4934
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement M M / D D / Y Y Y Y 02 / 18 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 4.48
Candidate Name		Transaction ID : SB21.4935
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	11.18
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)
17 18 19a 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
LONG FOR SENATE 2026

A. Anedot

Full Name (Last, First, Middle Initial)

Mailing Address 1340 Poydras Street
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 18 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2.30

Transaction ID : SB21.4936

Memo Item

B. Anedot

Full Name (Last, First, Middle Initial)

Mailing Address 1340 Poydras Street
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 20 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1.35

Transaction ID : SB21.4937

Memo Item

C. Anedot

Full Name (Last, First, Middle Initial)

Mailing Address 1340 Poydras Street
Suite 1770

City New Orleans State LA Zip Code 70112

Purpose of Disbursement fee

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 02 / 20 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1.35

Transaction ID : SB21.4938

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 5.00

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 27 OF 33	
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement MM / DD / YYYY 02 / 21 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 2.40
Candidate Name	Category/ Type	Transaction ID : SB21.4939
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Anedot		Date of Disbursement MM / DD / YYYY 02 / 22 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 0.90
Candidate Name	Category/ Type	Transaction ID : SB21.4940
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Anedot		Date of Disbursement MM / DD / YYYY 02 / 25 / 2026
Mailing Address 1340 Poydras Street Suite 1770		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement fee		Amount of Each Disbursement this Period 1.35
Candidate Name	Category/ Type	Transaction ID : SB21.4941
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	4.65
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 28 OF 33	
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Circle K		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2026
Mailing Address		FEC Identification Number C
City Normal	State IL	Zip Code
Purpose of Disbursement travel gas		Amount of Each Disbursement this Period 40.51
Candidate Name		Transaction ID : SB21.4961
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Circle K		Date of Disbursement M M / D D / Y Y Y Y 02 / 19 / 2026
Mailing Address		FEC Identification Number C
City Normal	State IL	Zip Code
Purpose of Disbursement travel gas		Amount of Each Disbursement this Period 38.63
Candidate Name		Transaction ID : SB21.5013
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. IL Tollway-Ipass		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2026
Mailing Address P.O.Box 1412		FEC Identification Number C
City Downers Grove	State IL	Zip Code 60515
Purpose of Disbursement toll fee		Amount of Each Disbursement this Period 5.15
Candidate Name		Transaction ID : SB21.5034
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	84.29
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 29 OF 33	
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial) A. Ontimetel		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2026
Mailing Address 725 N Hwy A1A Suite C 203		FEC Identification Number C
City Jupiter	State FL	Zip Code 33477
Purpose of Disbursement marketing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 14.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.4947
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Ontimetel		Date of Disbursement M M / D D / Y Y Y Y 02 / 12 / 2026
Mailing Address 725 N Hwy A1A Suite C 203		FEC Identification Number C
City Jupiter	State FL	Zip Code 33477
Purpose of Disbursement marketing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 14.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.4989
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. OTCEAP CUSTOMPRINTS		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2026
Mailing Address 11525AStonehallow Dr Ste 100		FEC Identification Number C
City Austin	State TX	Zip Code 78758
Purpose of Disbursement marketing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1091.28	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.4982
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1119.28
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 30 OF 33	
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Shell Oil		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Mailing Address		<input type="text"/> 01 / <input type="text"/> 26 / <input type="text"/> 2026
City	State	Zip Code
Purpose of Disbursement travel gas		<input type="text"/>
Candidate Name		FEC Identification Number
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text"/> C
Disbursement For: 2026		Amount of Each Disbursement this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 39.01
<input type="checkbox"/> Other (specify) ▼		Transaction ID : SB21.4958
State: <input type="text"/>	District: <input type="text"/>	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Shell Oil		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Mailing Address		<input type="text"/> 02 / <input type="text"/> 02 / <input type="text"/> 2026
City	State	Zip Code
Purpose of Disbursement travel gas		<input type="text"/>
Candidate Name		FEC Identification Number
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text"/> C
Disbursement For: 2026		Amount of Each Disbursement this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 35.01
<input type="checkbox"/> Other (specify) ▼		Transaction ID : SB21.4972
State: <input type="text"/>	District: <input type="text"/>	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. Shell Oil		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Mailing Address		<input type="text"/> 02 / <input type="text"/> 12 / <input type="text"/> 2026
City	State	Zip Code
Purpose of Disbursement travel gas		<input type="text"/>
Candidate Name		FEC Identification Number
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		<input type="text"/> C
Disbursement For: 2026		Amount of Each Disbursement this Period
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input type="text"/> 39.38
<input type="checkbox"/> Other (specify) ▼		Transaction ID : SB21.4994
State: <input type="text"/>	District: <input type="text"/>	<input type="checkbox"/> Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text"/> 113.40
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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 31 OF 33	
	<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)
LONG FOR SENATE 2026

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. Shell Oil		M M / D D / Y Y Y Y 02 / 19 / 2026
Mailing Address		FEC Identification Number
City State Zip Code		C
Purpose of Disbursement travel gas		Amount of Each Disbursement this Period
Candidate Name		40.21
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.5014
State: District:		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. Vibe		M M / D D / Y Y Y Y 02 / 05 / 2026
Mailing Address 131 Varick Street		FEC Identification Number
City State Zip Code New York NY 10013		C
Purpose of Disbursement marketing		Amount of Each Disbursement this Period
Candidate Name		0.56
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : SB21.4980
State: District:		<input type="checkbox"/> Memo Item

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

SUBTOTAL of Disbursements This Page (optional).....▶	40.77
TOTAL This Period (last page this line number only).....▶	1588.96

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4381**
LONG FOR SENATE 2026

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
LONG, PAMELA, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address P O Box 573		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City EDWARDSVILLE	State IL	ZIP Code 62025
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
------------------------------------	------------------------------------	--

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 07 / 2025	M M / D D / Y Y Y Y 11/17/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	1500.00
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)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4380**
LONG FOR SENATE 2026

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
LONG, PAMELA, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address P O Box 573		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City EDWARDSVILLE	State IL	ZIP Code 62025
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1137.99	0.00	1137.99

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 29 / 2025	M M / D D / Y Y Y Y 11/17/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	1137.99
TOTALS This Period (last page in this line only).....▶	2637.99

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