

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

BARB REGNITZ FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	53958.85	53958.85
(b) Total Contribution Refunds (from Line 20(d))	500.00	500.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	53458.85	53458.85
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	86411.99	86411.99
(b) Total Offsets to Operating Expenditures (from Line 14)	802.59	802.59
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	85609.40	85609.40
8. Cash on Hand at Close of Reporting Period (from Line 27)	1467849.45	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	1500000.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

BARB REGNITZ FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	49574.00	49574.00
(ii) Unitemized.....	3384.85	3384.85
(iii) TOTAL of contributions from individuals ▶	52958.85	52958.85
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	1000.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	53958.85	53958.85
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	1500000.00	1500000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	1500000.00	1500000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	802.59	802.59
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)..... ▶	1554761.44	1554761.44

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.....	86411.99	86411.99
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	500.00	500.00
(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)).....	500.00	500.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	86911.99	86911.99

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1554761.44
25. SUBTOTAL (add Line 23 and Line 24).....	1554761.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	86911.99
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1467849.45

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 64
(check only one)
 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)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y
12 26 2025

Transaction ID : SA11AI.166085340

Amount of Each Receipt this Period
48.03

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y
12 31 2025

Transaction ID : SA11AI.166158751

Amount of Each Receipt this Period
50.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y
12 12 2025

Transaction ID : SA11AI.165731344

Amount of Each Receipt this Period
100.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

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 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.164622543

Amount of Each Receipt this Period
350.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. Full Name (Last, First, Middle Initial)
BUITENDORP, SETH, , ,

Mailing Address 1709 PEACHTREE DR

City VALPARAISO State IN Zip Code 46383

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

Name of Employer Occupation
GENETOS LANE BUITENDORP LLP ATTORNEY

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
260.25

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 02 / 2025

Transaction ID : SA11AI.164622546

Amount of Each Receipt this Period
260.25

Memo Item
EARMARKED THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 24 / 2025

Transaction ID : SA11AI.166072935

Amount of Each Receipt this Period
400.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 260.25

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y
10 / 29 / 2025

Transaction ID : SA11AI.162518958

Amount of Each Receipt this Period
480.30

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. Full Name (Last, First, Middle Initial)
KARL, DAVE, , ,

Mailing Address 2312 THROUGHWOODS DR

City VALPARAISO State IN Zip Code 46385

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

Name of Employer Occupation
GORE MEDICAL DEVICE SALES

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
10 / 27 / 2025

Transaction ID : SA11AI.162518980

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y
11 / 24 / 2025

Transaction ID : SA11AI.165193629

Amount of Each Receipt this Period
480.30

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

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

500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SULARSKI, STEPHEN, , ,

Mailing Address 3365 FALL MEADOWS CIR

City VALPARAISO State IN Zip Code 46385

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 20 2025

Transaction ID : SA11AI.165193631

Amount of Each Receipt this Period
500.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 31 2025

Transaction ID : SA11AI.166267618

Amount of Each Receipt this Period
500.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. Full Name (Last, First, Middle Initial)
VANCE, RUTH, , ,

Mailing Address 3811 QUAIL COVEY DR

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
520.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 30 2025

Transaction ID : SA11AI.166267964

Amount of Each Receipt this Period
520.51

Memo Item
EARMARKED THROUGH WINRED

SUBTOTAL of Receipts This Page (optional)..... ▶ 1020.51

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 9 OF 64	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.164714868

Amount of Each Receipt this Period
600.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. Full Name (Last, First, Middle Initial)
FLAHERTY, JOHN, , ,

Mailing Address 1440 N 500 E

City MICHIGAN CITY State IN Zip Code 46360

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

Name of Employer Occupation
SELF-EMPLOYED CONTRACTOR

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
520.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 04 / 2025

Transaction ID : SA11AI.164714870

Amount of Each Receipt this Period
520.51

Memo Item
EARMARKED THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2025

Transaction ID : SA11AI.162320272

Amount of Each Receipt this Period
960.60

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional)..... ▶	520.51
TOTAL This Period (last page this line number only)..... ▶	

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STONE, RONALD, , ,

Mailing Address 1711 SNEAD AVE

City CHESTERTON State IN Zip Code 46304

FEC ID number of contributing federal political committee. C

Name of Employer AC IRON Occupation OWNER

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
10 / 24 / 2025

Transaction ID : SA11AI.162320273

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 10 / 2025

Transaction ID : SA11AI.164785005

Amount of Each Receipt this Period
1000.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. Full Name (Last, First, Middle Initial)
SALAN, DAVE, , ,

Mailing Address 553 WASHINGTON ST

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1041.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.164785007

Amount of Each Receipt this Period
1041.02

Memo Item
EARMARKED THROUGH WINRED

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

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

2041.02

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 64	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 12 / 2025

Transaction ID : SA11AI.164851396

Amount of Each Receipt this Period
1000.00

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

B. Full Name (Last, First, Middle Initial)
SIMPSON, MICHAEL, , ,

Mailing Address 751 MILL XING

City VALPARAISO State IN Zip Code 46385

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

Name of Employer Occupation
ME SIMPSON CO INC CEO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1041.02

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : SA11AI.164851410

Amount of Each Receipt this Period
1041.02

Memo Item
EARMARKED THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

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

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 07 / 2025

Transaction ID : SA11AI.164756519

Amount of Each Receipt this Period
1156.66

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

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

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

1041.02

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MINARD, JIM, , ,

Mailing Address 174 WEXFORD RD

City VALPARAISO State IN Zip Code 46385

FEC ID number of contributing federal political committee. C

Name of Employer LIFESTYLE HOMES Occupation CONTRACTOR

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
11 / 05 / 2025

Transaction ID : SA11AI.164756521

Amount of Each Receipt this Period
1000.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name (Last, First, Middle Initial)
WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON State VA Zip Code 22203

FEC ID number of contributing federal political committee. C C00694323

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.166281148

Amount of Each Receipt this Period
4612.10

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

C. Full Name (Last, First, Middle Initial)
HENNESSEY, RACHEL, , ,

Mailing Address 4286 W FORK DR

City WESTFIELD State IN Zip Code 46062

FEC ID number of contributing federal political committee. C

Name of Employer ORGAN DONOR NETWORK Occupation DONOR SUPPORT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.166281153

Amount of Each Receipt this Period
3500.00

Memo Item
EARMARKED THROUGH WINRED

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

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

4500.00

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 13 OF 64	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MISTRETTO, VITO, , ,

Mailing Address 3349 BURR ST

City GARY	State IN	Zip Code 46406
--------------	-------------	-------------------

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

Name of Employer I80 AUTO PARTS	Occupation OWNER
------------------------------------	---------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
520.51

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.166281154

Amount of Each Receipt this Period
520.51

Memo Item
EARMARKED THROUGH WINRED

B. Full Name (Last, First, Middle Initial)
SHIELDS, CHUCK, , ,

Mailing Address 5740 CENTRAL AVE

City PORTAGE	State IN	Zip Code 46368
-----------------	-------------	-------------------

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

Name of Employer CIRCLE R ELECTRIC	Occupation OWNER
---------------------------------------	---------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
780.76

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.166281155

Amount of Each Receipt this Period
780.76

Memo Item
EARMARKED THROUGH WINRED

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

Mailing Address 4250 FAIRFAX DR
STE 600

City ARLINGTON	State VA	Zip Code 22203
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FEC ID number of contributing federal political committee. **C** C00694323

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
15100.09

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.166295312

Amount of Each Receipt this Period
3362.10

Memo Item
TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED. SEE ITEMIZED IF REQUIRED

SUBTOTAL of Receipts This Page (optional).....▶	1301.27
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 14 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HENNESSEY, DAN, , ,

Mailing Address 4286 W FORK DR

City WESTFIELD State IN Zip Code 46062

FEC ID number of contributing federal political committee. C

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.166295350

Amount of Each Receipt this Period
3500.00

Memo Item
EARMARKED THROUGH WINRED

B. Full Name (Last, First, Middle Initial)
JERNAS LAND & CATTLE LLC

Mailing Address 200 E 400 N

City KNOX State IN Zip Code 46534

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
0.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.164765010

Amount of Each Receipt this Period
500.00

Memo Item
REFUNDED ON 11/26/2025

C. Full Name (Last, First, Middle Initial)
KRAFT AUCTION SERVICE, LLC

Mailing Address 48 N 450 E

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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
12 / 22 / 2025

Transaction ID : SA11AI.166076926

Amount of Each Receipt this Period
1000.00

Memo Item
SOLE PROPRIETORSHIP: SEE ATTRIBUTION

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

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

5000.00

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 15 OF 64	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
KRAFT, JONATHAN, , ,

Mailing Address 48 N 450 E

City VALPARAISO	State IN	Zip Code 46383
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer KRAFT AUCTION SERVICE LLC	Occupation OWNER
---	---------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.166166522

Amount of Each Receipt this Period

Memo Item
 KRAFT AUCTION SERVICE, LLC: SOLE PROPRIETOR

B. Full Name (Last, First, Middle Initial)
BOWEN, ROBERT, L., ,

Mailing Address 8239 CLEARWATER POINTE

City INDIANAPOLIS	State IN	Zip Code 46240
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.166361094

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
CARROLL, THOMAS, E, ,

Mailing Address 3522 CREEKSIDE DR

City VALPARAISO	State IN	Zip Code 46383
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.166276308

Amount of Each Receipt this Period

Memo Item

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

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 16 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
CLEVELAND, EDWARD, L, ,

Mailing Address 774 W US HIGHWAY 30

City VALPARAISO State IN Zip Code 46385

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
11 / 06 / 2025

Transaction ID : SA11AI.164765012

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
EGEL, GERARD, WILLIAM, ,

Mailing Address 277 DURNES CT

City VALPARAISO State IN Zip Code 46385

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.164764999

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
EGEL, GERARD, WILLIAM, ,

Mailing Address 277 DURNES CT

City VALPARAISO State IN Zip Code 46385

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 17 / 2025

Transaction ID : SA11AI.165947722

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1100.00

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 17 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ENSLÉN, SCOTT, , ,

Mailing Address 222 W 150 N

City VALPARAISO State IN Zip Code 46385

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.164765002

Amount of Each Receipt this Period
350.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ENSLÉN, SCOTT, , ,

Mailing Address 222 W 150 N

City VALPARAISO State IN Zip Code 46385

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 750.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2025

Transaction ID : SA11AI.165856071

Amount of Each Receipt this Period
400.00

Memo Item

C. Full Name (Last, First, Middle Initial)
FRENCH, WILIAM, S., ,

Mailing Address 10968 WINDJAMMER DR S

City INDIANAPOLIS State IN Zip Code 46256

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
12 / 12 / 2025

Transaction ID : SA11AI.165781470

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00

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 18 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GASSOWAY, ELIZABETH, M., ,

Mailing Address P.O. BOX 54

City BEVERLY SHORES State IN Zip Code 46301

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
11 / 06 / 2025

Transaction ID : SA11AI.164764994

Amount of Each Receipt this Period
300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HEATON, DAVE, , ,

Mailing Address 631 S BAUMS BRIDGE RD

City KOUTS State IN Zip Code 46347

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 339.42

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA11AI.164784983

Amount of Each Receipt this Period
339.42

Memo Item
IN-KIND: CATERING SERVICES

C. Full Name (Last, First, Middle Initial)
HESS, JULIA, F, ,

Mailing Address 2495 MANCHESTER DR

City VALPARAISO State IN Zip Code 46385

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
12 / 29 / 2025

Transaction ID : SA11AI.166116010

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1139.42

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 19 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HOWE, HOLLY, , ,

Mailing Address 402 E CHICAGO ST.

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. C

Name of Employer THE GENOA GROUP Occupation OWNER

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
12 / 22 / 2025

Transaction ID : SA11AI.166079022

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
THE GENOA GROUP, LLC

Mailing Address 402 E. CHICAGO STREET

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.164765013

Amount of Each Receipt this Period
200.00

Memo Item
SOLE PROPRIETORSHIP: SEE ATTRIBUTION

C. Full Name (Last, First, Middle Initial)
HOWE, HOLLY, , ,

Mailing Address 402 E CHICAGO ST.

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. C

Name of Employer THE GENOA GROUP Occupation OWNER

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
12 / 05 / 2025

Transaction ID : SA11AI.166045055

Amount of Each Receipt this Period
200.00

Memo Item
THE GENOA GROUP, LLC: SOLE PROPRIETOR

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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 20 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
HUBBARD, JAMES, C., ,

Mailing Address 2206 NOTTINGHAM DR

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2025

Transaction ID : SA11AI.165856064

Amount of Each Receipt this Period
2000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HUBBARD, SHARON, A., ,

Mailing Address 2206 NOTTINGHAM DR

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 15 / 2025

Transaction ID : SA11AI.165897653

Amount of Each Receipt this Period
2000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
JERNAS, VICKI, L., ,

Mailing Address 200 E 400 N

City KNOX State IN Zip Code 46534

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
12 / 12 / 2025

Transaction ID : SA11AI.165781490

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4500.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LUNT, SCOTT, L, ,

Mailing Address 3822 N CLAREMONT AVE

City CHICAGO State IL Zip Code 60618

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
11 / 06 / 2025

Transaction ID : SA11AI.164765005

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MCCALL, MARK, A, ,

Mailing Address 39 TOWER ROAD

City VALPARAISO State IN Zip Code 46385

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
12 / 22 / 2025

Transaction ID : SA11AI.166079023

Amount of Each Receipt this Period
600.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MCCOLLY, RONALD, F., ,

Mailing Address 800 DEER CREEK DRIVE

City SCHERERVILLE State IN Zip Code 46375

FEC ID number of contributing federal political committee. C

Name of Employer MCCOLLY REAL ESTATE Occupation PRESIDENT

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
11 / 24 / 2025

Transaction ID : SA11AI.165247648

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1600.00

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 22 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MCMILLAN, KATHRYN, , ,

Mailing Address 5207 GARDEN GTWY

City VALPARAISO	State IN	Zip Code 46383
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.165947724

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
MCMILLAN, STEWART, G., ,

Mailing Address 5207 GARDEN GTWY

City VALPARAISO	State IN	Zip Code 46383
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.165947724

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
MICHALS, STEVEN, A., ,

Mailing Address W196N11394 SHADOW WOOD DR.

City GERMANTOWN	State WI	Zip Code 53022
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA11AI.165856068

Amount of Each Receipt this Period

Memo Item

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

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 23 OF 64	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
NEFF, RALPH, D, ,

Mailing Address 426 N 250 W

City VALPARAISO	State IN	Zip Code 46385
--------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.164764980

Amount of Each Receipt this Period
200.00

Memo Item

B. Full Name (Last, First, Middle Initial)
NEFF, RALPH, D, ,

Mailing Address 426 N 250 W

City VALPARAISO	State IN	Zip Code 46385
--------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 17 / 2025

Transaction ID : SA11AI.165947720

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
NEFF, SUZETTE, , ,

Mailing Address 426 N 250 W

City VALPARAISO	State IN	Zip Code 46385
--------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

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
12 / 17 / 2025

Transaction ID : SA11AI.165947721

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3700.00
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 24 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REGNITZ, TIMOTHY, J, ,

Mailing Address 2151 SMOKE ROAD

City VALPARAISO State IN Zip Code 46385

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2025

Transaction ID : SA11AI.166079021

Amount of Each Receipt this Period
3500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
SCHACKI, PATRICK, J., ,

Mailing Address P.O. BOX 404

City VALPARAISO State IN Zip Code 46384

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.166277678

Amount of Each Receipt this Period
3500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
STEELE, R, LAWRENCE, ,

Mailing Address 2502 SPYGLASS DR

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2025

Transaction ID : SA11AI.164764989

Amount of Each Receipt this Period
200.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7200.00

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 25 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
STEELE, R, LAWRENCE, ,

Mailing Address 2502 SPYGLASS DR

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.166363138

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
STEINBRECHER, WILLIAM, L., ,

Mailing Address 2723 WHITE PINE CR

City VALPARAISO State IN Zip Code 46383

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
12 / 31 / 2025

Transaction ID : SA11AI.166278277

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WAPPEL, DEBRA, K, ,

Mailing Address 6235 S 775 W

City SAN PIERRE State IN Zip Code 46375

FEC ID number of contributing federal political committee. C

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

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
12 / 29 / 2025

Transaction ID : SA11AI.166116011

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00

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 26 OF 64
<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	

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
WATKINS, DOUGLAS, B., ,

Mailing Address 2304 ALLISON CIRCLE

City VALPARAISO	State IN	Zip Code 46383
--------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

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
10 / 27 / 2025

Transaction ID : SA11AI.162561622

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WELTER, WAYNE, , ,

Mailing Address 2801 PEPPER CREEK BRIDGE PARKWAY

City VALPARAISO	State IN	Zip Code 46385
--------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

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
12 / 31 / 2025

Transaction ID : SA11AI.166363229

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WINTER, THOMAS, A, ,

Mailing Address INFORMATION REQUESTED

City INFORMATION REQUESTED	State ZZ	Zip Code 99999
-------------------------------	-------------	-------------------

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

Name of Employer INFORMATION REQUESTED	Occupation INFORMATION REQUESTED
---	-------------------------------------

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
12 / 29 / 2025

Transaction ID : SA11AI.166116009

Amount of Each Receipt this Period
500.00

Memo Item

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

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

1250.00

49574.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 27 OF 64
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
COMMITTEE TO ELECT JON COSTAS

Mailing Address PO BOX 467

City VALPARAISO State IN Zip Code 46384

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

Name of Employer Occupation

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
12 / 23 / 2025

Transaction ID : SA11C.166073397

Amount of Each Receipt this Period
1000.00

Memo Item
PERMISSIBLE FUNDS

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 64
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REGNITZ, BARB, , ,

Mailing Address P.O. BOX 168

City VALPARAISO State IN Zip Code 46384

FEC ID number of contributing federal political committee. **C** H6IN01231

Name of Employer PORTER COUNTY Occupation COMMISSIONER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 27 / 2025

Transaction ID : SA13A.162561620

Amount of Each Receipt this Period
1000.00

Memo Item
PRIMARY 2026 LOAN; PERSONAL FUNDS

B. Full Name (Last, First, Middle Initial)
REGNITZ, BARB, , ,

Mailing Address P.O. BOX 168

City VALPARAISO State IN Zip Code 46384

FEC ID number of contributing federal political committee. **C** H6IN01231

Name of Employer PORTER COUNTY Occupation COMMISSIONER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 05 / 2025

Transaction ID : SA13A.164714864

Amount of Each Receipt this Period
24000.00

Memo Item
PRIMARY 2026 LOAN; PERSONAL FUNDS

C. Full Name (Last, First, Middle Initial)
REGNITZ, BARB, , ,

Mailing Address P.O. BOX 168

City VALPARAISO State IN Zip Code 46384

FEC ID number of contributing federal political committee. **C** H6IN01231

Name of Employer PORTER COUNTY Occupation COMMISSIONER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 17 / 2025

Transaction ID : SA13A.162173574

Amount of Each Receipt this Period
25000.00

Memo Item
PRIMARY 2026 LOAN; PERSONAL FUNDS

SUBTOTAL of Receipts This Page (optional)..... ▶ 50000.00

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 29 OF 64
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REGNITZ, BARB, , ,

Mailing Address P.O. BOX 168

City VALPARAISO State IN Zip Code 46384

FEC ID number of contributing federal political committee. **C** H6IN01231

Name of Employer PORTER COUNTY Occupation COMMISSIONER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 30 / 2025

Transaction ID : SA13A.162561663

Amount of Each Receipt this Period
25000.00

Memo Item
PRIMARY 2026 LOAN; PERSONAL FUNDS

B. Full Name (Last, First, Middle Initial)
REGNITZ, BARB, , ,

Mailing Address P.O. BOX 168

City VALPARAISO State IN Zip Code 46384

FEC ID number of contributing federal political committee. **C** H6IN01231

Name of Employer PORTER COUNTY Occupation COMMISSIONER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 16 / 2025

Transaction ID : SA13A.165856090

Amount of Each Receipt this Period
25000.00

Memo Item
PRIMARY 2026 LOAN; PERSONAL FUNDS

C. Full Name (Last, First, Middle Initial)
REGNITZ, BARB, , ,

Mailing Address P.O. BOX 168

City VALPARAISO State IN Zip Code 46384

FEC ID number of contributing federal political committee. **C** H6IN01231

Name of Employer PORTER COUNTY Occupation COMMISSIONER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 30 / 2025

Transaction ID : SA13A.166184883

Amount of Each Receipt this Period
300000.00

Memo Item
PRIMARY 2026 LOAN; PERSONAL FUNDS

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

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

350000.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 30 OF 64
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
REGNITZ, BARB, , ,

Mailing Address P.O. BOX 168

City VALPARAISO State IN Zip Code 46384

FEC ID number of contributing federal political committee. **C** H6IN01231

Name of Employer PORTER COUNTY Occupation COMMISSIONER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA13A.166363288

Amount of Each Receipt this Period
550000.00

Memo Item
PRIMARY 2026 LOAN; PERSONAL FUNDS

B. Full Name (Last, First, Middle Initial)
REGNITZ, BARB, , ,

Mailing Address P.O. BOX 168

City VALPARAISO State IN Zip Code 46384

FEC ID number of contributing federal political committee. **C** H6IN01231

Name of Employer PORTER COUNTY Occupation COMMISSIONER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1500000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 22 / 2025

Transaction ID : SA13A.165991815

Amount of Each Receipt this Period
550000.00

Memo Item
PRIMARY 2026 LOAN; PERSONAL FUNDS

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1100000.00
TOTAL This Period (last page this line number only).....▶	1500000.00

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 31 OF 64	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
BARB REGNITZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
GUSTO

Mailing Address 525 20TH STREET

City SAN FRANCISCO	State CA	Zip Code 94107
-----------------------	-------------	-------------------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : SA14.165855420

Amount of Each Receipt this Period

Memo Item
VENDOR REFUND: OVERPAYMENT

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee.

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="802.59"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value="802.59"/>

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 32 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALEKSIC, WALTER, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2025
Mailing Address 8752 MATHEWS ST		FEC Identification Number C
City CROWN POINT	State IN	Zip Code 46307
Purpose of Disbursement PAYROLL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1189.56	
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 : SB17.1106174
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. ALEKSIC, WALTER, , ,		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 8752 MATHEWS ST		FEC Identification Number C
City CROWN POINT	State IN	Zip Code 46307
Purpose of Disbursement PAYROLL	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1793.43	
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 : SB17.1107300
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 12 / 26 / 2025
Mailing Address 410 TERRY AVE N		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 125.00	
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 : SB17.1106467
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3107.99
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 33 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ASPARAGUS RESTAURANT			Date of Disbursement M M / D D / Y Y Y Y 11 / 20 / 2025	
Mailing Address 7876 BROADWAY			FEC Identification Number C	
City MERRILLVILLE	State IN	Zip Code 46410	Amount of Each Disbursement this Period 122.60	
Purpose of Disbursement TRAVEL: FOOD		Category/ Type	Transaction ID : SB17.1099127	
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. AVENUE 912			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025	
Mailing Address 202 W RIDGE RD			FEC Identification Number C	
City GRIFFITH	State IN	Zip Code 46319	Amount of Each Disbursement this Period 18.62	
Purpose of Disbursement TRAVEL: FOOD		Category/ Type	Transaction ID : SB17.1102182	
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. BOYCONN PRINTERS, INC.			Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2025	
Mailing Address PO BOX 1083			FEC Identification Number C	
City VALPARAISO	State IN	Zip Code 46384	Amount of Each Disbursement this Period 776.70	
Purpose of Disbursement PRINTING SERVICES		Category/ Type	Transaction ID : SB17.1103468	
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).....▶	917.92
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. BP		Date of Disbursement M M / D D / Y Y Y Y 11 / 17 / 2025
Mailing Address 501 WESTLAKE PARK BOULEVARD		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77079
Purpose of Disbursement TRAVEL: FUEL	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 45.24	
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 : SB17.1097717
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CHAIN BRIDGE BANK, N.A.		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2025
Mailing Address 1445A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 25.00	
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 : SB17.1094463
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. CHAIN BRIDGE BANK, N.A.		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2025
Mailing Address 1445A LAUGHLIN AVE		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22101
Purpose of Disbursement BANK FEES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 38.25	
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 : SB17.1094477
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	108.49
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 35 OF 64	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input 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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GUSTO INC.			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025	
Mailing Address 525 20TH ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 66.94	
Purpose of Disbursement PAYROLL FEES		Category/ Type	Transaction ID : SB17.1101992	
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. GUSTO INC.			Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2025	
Mailing Address 525 20TH ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 0.16	
Purpose of Disbursement PAYROLL FEES		Category/ Type	Transaction ID : SB17.1102261	
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. GUSTO INC.			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2025	
Mailing Address 525 20TH ST			FEC Identification Number C	
City SAN FRANCISCO	State CA	Zip Code 94107	Amount of Each Disbursement this Period 1258.00	
Purpose of Disbursement PAYROLL TAXES		Category/ Type	Transaction ID : SB17.1103729	
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).....▶	1325.10
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 36 OF 64	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input 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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GUSTO INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025
Mailing Address 525 20TH ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement PAYROLL TAXES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 2562.21	
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 : SB17.1097721
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GUSTO INC.		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2025
Mailing Address 525 20TH ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement PAYROLL TAXES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 1283.21	
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 : SB17.1099860
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. GUSTO INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 24 / 2025
Mailing Address 525 20TH ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement PAYROLL TAXES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 420.58	
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 : SB17.1106176
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4266.00
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 37 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GUSTO INC.		Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025
Mailing Address 525 20TH ST		FEC Identification Number C
City SAN FRANCISCO	State CA	Zip Code 94107
Purpose of Disbursement PAYROLL TAXES		Amount of Each Disbursement this Period 1907.39
Candidate Name		Transaction ID : SB17.1107295
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. HARDEE'S		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2025
Mailing Address 6700 TOWER CIR #1000		FEC Identification Number C
City FRANKLIN	State TN	Zip Code 37067
Purpose of Disbursement TRAVEL: FUEL		Amount of Each Disbursement this Period 19.44
Candidate Name		Transaction ID : SB17.1096484
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. HEATON, DAVE, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2025
Mailing Address 631 S BAUMS BRIDGE RD		FEC Identification Number C
City KOUTS	State IN	Zip Code 46347
Purpose of Disbursement IN-KIND: CATERING SERVICES		Amount of Each Disbursement this Period 339.42
Candidate Name		Transaction ID : SB17.1096513
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).....▶	2266.25
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 38 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

A. HEATON, STEPHANIE, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 631 S BAUMS BRIDGE RD

City KOUTS State IN Zip Code 46347

Purpose of Disbursement TRAVEL REIMBURSEMENT: SEE ITEMIZATIONS IF REQUIRED

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 06 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 250.77

Transaction ID : SB17.1096500

Memo Item

B. COSTCO

Full Name (Last, First, Middle Initial)

Mailing Address 1310 E 79TH AVE

City MERRILLVILLE State IN Zip Code 46410

Purpose of Disbursement CATERING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 05 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 250.77

Transaction ID : SB17.1096500.1

Memo Item

C. HENNESSEY, RACHEL, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4286 W FORK DR

City WESTFIELD State IN Zip Code 46062

Purpose of Disbursement PAYROLL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 4141.83

Transaction ID : SB17.1097722

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4392.60

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 39 OF 64			
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HENNESSEY, RACHEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2025		
Mailing Address 4286 W FORK DR			FEC Identification Number C		
City WESTFIELD	State IN	Zip Code 46062	Amount of Each Disbursement this Period 2206.24		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.1099856		
Candidate Name			Memo Item <input type="checkbox"/>		
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. HENNESSEY, RACHEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2025		
Mailing Address 4286 W FORK DR			FEC Identification Number C		
City WESTFIELD	State IN	Zip Code 46062	Amount of Each Disbursement this Period 2206.24		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.1103713		
Candidate Name			Memo Item <input type="checkbox"/>		
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. HENNESSEY, RACHEL, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025		
Mailing Address 4286 W FORK DR			FEC Identification Number C		
City WESTFIELD	State IN	Zip Code 46062	Amount of Each Disbursement this Period 2206.24		
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.1107304		
Candidate Name			Memo Item <input type="checkbox"/>		
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).....▶	6618.72
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 40 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. HENNESSEY CONSULTING LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2025	
Mailing Address 4286 W FORK RD			FEC Identification Number C	
City WESTFIELD	State IN	Zip Code 46062	Amount of Each Disbursement this Period 3517.69	
Purpose of Disbursement TRAVEL EXPENSES		Category/ Type	Transaction ID : SB17.1090705	
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. JIM JONES PHOTOGRAPHY			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025	
Mailing Address 1060 N. CAPITOL AVE.			FEC Identification Number C	
City INDIANAPOLIS	State IN	Zip Code 46202	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Category/ Type	Transaction ID : SB17.1097714	
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. LA CABANA			Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025	
Mailing Address 807 E LINCOLNWAY			FEC Identification Number C	
City VALPARAISO	State IN	Zip Code 46383	Amount of Each Disbursement this Period 91.52	
Purpose of Disbursement TRAVEL: FOOD		Category/ Type	Transaction ID : SB17.1097715	
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).....▶	3709.21
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 41 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LA CARRETA MEXICAN RESTAURANT		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address 269 81ST AVE		FEC Identification Number C
City MERRILLVILLE	State IN	Zip Code 46410
Purpose of Disbursement TRAVEL: FOOD		Amount of Each Disbursement this Period 39.24
Candidate Name		Transaction ID : SB17.1102645
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. LA PORTE COUNTY REPUBLICAN PARTY		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2025
Mailing Address 814 JEFFERSON AVE		FEC Identification Number C
City LA PORTE	State IN	Zip Code 46350
Purpose of Disbursement EVENT REGISTRATION FEE		Amount of Each Disbursement this Period 13.00
Candidate Name		Transaction ID : SB17.1105125
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. MARIA JAMES GUIDONRED, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2025
Mailing Address 13390 N CAREFREE COURT		FEC Identification Number C
City CAMBY	State IN	Zip Code 46113
Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB17.1095317
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).....▶	1552.24
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 42 OF 64			
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. MARIA JAMES GUIDONRED, LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025
Mailing Address 13390 N CAREFREE COURT		FEC Identification Number C
City CAMBY	State IN	Zip Code 46113
Purpose of Disbursement FUNDRAISING CONSULTING		Amount of Each Disbursement this Period 1500.00
Candidate Name		Transaction ID : SB17.1102100
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. MCDONALD'S		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025
Mailing Address 110 N. CARPENTER ST		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60607
Purpose of Disbursement TRAVEL: FOOD		Amount of Each Disbursement this Period 5.33
Candidate Name		Transaction ID : SB17.1097716
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. MCDONALD'S		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2025
Mailing Address 110 N. CARPENTER ST		FEC Identification Number C
City CHICAGO	State IL	Zip Code 60607
Purpose of Disbursement TRAVEL: FOOD		Amount of Each Disbursement this Period 5.33
Candidate Name		Transaction ID : SB17.1102644
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).....▶	1510.66
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 43 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. NEU LUMA LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2025
Mailing Address 608 LUCE AVE		FEC Identification Number C
City FLUSHING	State MI	Zip Code 48433
Purpose of Disbursement VIDEO PRODUCTION SERVICES		Amount of Each Disbursement this Period 7000.00
Candidate Name		Transaction ID : SB17.1091769
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. NEXT INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025
Mailing Address 975 CALIFORNIA AVE		FEC Identification Number C
City PALO ALTO	State CA	Zip Code 94304
Purpose of Disbursement INSURANCE		Amount of Each Disbursement this Period 24.26
Candidate Name		Transaction ID : SB17.1102657
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. NEXT INSURANCE		Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2025
Mailing Address 975 CALIFORNIA AVE		FEC Identification Number C
City PALO ALTO	State CA	Zip Code 94304
Purpose of Disbursement INSURANCE		Amount of Each Disbursement this Period 24.26
Candidate Name		Transaction ID : SB17.1106008
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).....▶	7048.52
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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. PANERA BREAD

Mailing Address 3630 SOUTH GEYER ROAD

City SAINT LOUIS State MO Zip Code 63127

Purpose of Disbursement TRAVEL: FOOD

Candidate Name

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

State: District:

Date of Disbursement: 12 / 31 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 3.23

Transaction ID : SB17.1107309

Memo Item

Full Name (Last, First, Middle Initial)
B. PORTER COUNTY GOP

Mailing Address 158 S NAPOLEON ST

City VALPARAISO State IN Zip Code 46380

Purpose of Disbursement EVENT REGISTRATION FEE

Candidate Name

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

State: District:

Date of Disbursement: 11 / 10 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 450.00

Transaction ID : SB17.1097719

Memo Item

Full Name (Last, First, Middle Initial)
C. RED CURVE SOLUTIONS, LLC

Mailing Address 138 CONANT ST
STE 401

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement COMPLIANCE CONSULTING & DATA PROCESSING SERVICES

Candidate Name

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

State: District:

Date of Disbursement: 12 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1545.15

Transaction ID : SB17.1100874

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1998.38

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 45 OF 64	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input 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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RED CURVE SOLUTIONS, LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2025
Mailing Address 138 CONANT ST STE 401		FEC Identification Number C
City BEVERLY	State MA	Zip Code 01915
Purpose of Disbursement COMPLIANCE CONSULTING & DATA PROCESSING SERVICES		Amount of Each Disbursement this Period 2339.16
Candidate Name		Transaction ID : SB17.1095319
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. REYNOLDS, CODY, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2025
Mailing Address 5223 E 142ND PL		FEC Identification Number C
City CROWN POINT	State IN	Zip Code 46307
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 814.18
Candidate Name		Transaction ID : SB17.1097723
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. REYNOLDS, CODY, , ,		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2025
Mailing Address 5223 E 142ND PL		FEC Identification Number C
City CROWN POINT	State IN	Zip Code 46307
Purpose of Disbursement PAYROLL		Amount of Each Disbursement this Period 1214.19
Candidate Name		Transaction ID : SB17.1099858
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).....▶	4367.53
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 46 OF 64	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input 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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. REYNOLDS, CODY, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2025	
Mailing Address 5223 E 142ND PL			FEC Identification Number C	
City CROWN POINT	State IN	Zip Code 46307	Amount of Each Disbursement this Period 1214.18	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.1103726	
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. REYNOLDS, CODY, , ,			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025	
Mailing Address 5223 E 142ND PL			FEC Identification Number C	
City CROWN POINT	State IN	Zip Code 46307	Amount of Each Disbursement this Period 1214.19	
Purpose of Disbursement PAYROLL		Category/ Type	Transaction ID : SB17.1107307	
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. SPEEDWAY			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2025	
Mailing Address 500 SPEEDWAY DR			FEC Identification Number C	
City ENON	State OH	Zip Code 45323	Amount of Each Disbursement this Period 50.42	
Purpose of Disbursement TRAVEL: FUEL		Category/ Type	Transaction ID : SB17.1096481	
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).....▶	2478.79
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 47 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

A. SPEEDWAY

Full Name (Last, First, Middle Initial)
Mailing Address 500 SPEEDWAY DR

City ENON State OH Zip Code 45323

Purpose of Disbursement TRAVEL: FUEL

Candidate Name

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

State: District:

Date of Disbursement: 11 / 20 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 36.12

Transaction ID : SB17.1099126

Memo Item

B. SYCAMORE STRATEGIES LLC

Full Name (Last, First, Middle Initial)
Mailing Address 4683 BELLEVUE ROAD

City ONONDAGA State MI Zip Code 49264

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

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

State: District:

Date of Disbursement: 12 / 02 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 12000.00

Transaction ID : SB17.1095316

Memo Item

C. SYCAMORE STRATEGIES LLC

Full Name (Last, First, Middle Initial)
Mailing Address 4683 BELLEVUE ROAD

City ONONDAGA State MI Zip Code 49264

Purpose of Disbursement STRATEGY CONSULTING

Candidate Name

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

State: District:

Date of Disbursement: 12 / 12 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 6000.00

Transaction ID : SB17.1099251

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 18036.12

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 48 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SYCAMORE STRATEGIES LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 30 / 2025	
Mailing Address 4683 BELLEVUE ROAD			FEC Identification Number C	
City ONONDAGA	State MI	Zip Code 49264	Amount of Each Disbursement this Period 6000.00	
Purpose of Disbursement STRATEGY CONSULTING		Category/ Type	Transaction ID : SB17.1103503	
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. SYCAMORE STRATEGIES LLC			Date of Disbursement M M / D D / Y Y Y Y 12 / 12 / 2025	
Mailing Address 4683 BELLEVUE ROAD			FEC Identification Number C	
City ONONDAGA	State MI	Zip Code 49264	Amount of Each Disbursement this Period 15416.74	
Purpose of Disbursement ONLINE ADVERTISING		Category/ Type	Transaction ID : SB17.1099261	
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. USPS			Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2025	
Mailing Address 475 L'ENFANT PLAZA SW			FEC Identification Number C	
City WASHINGTON	State DC	Zip Code 20260	Amount of Each Disbursement this Period 158.75	
Purpose of Disbursement POSTAGE		Category/ Type	Transaction ID : SB17.1097718	
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).....▶	21575.49
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 49 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VISTAPRINT			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2025	
Mailing Address 275 WYMAN STREET			FEC Identification Number C	
City WALTHAM	State MA	Zip Code 02451	Amount of Each Disbursement this Period 132.67	
Purpose of Disbursement PRINTING SERVICES		Category/ Type	Transaction ID : SB17.1101996	
Candidate Name		Memo Item <input type="checkbox"/>		
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. VISTAPRINT			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2025	
Mailing Address 275 WYMAN STREET			FEC Identification Number C	
City WALTHAM	State MA	Zip Code 02451	Amount of Each Disbursement this Period 150.20	
Purpose of Disbursement PRINTING SERVICES		Category/ Type	Transaction ID : SB17.1106000	
Candidate Name		Memo Item <input type="checkbox"/>		
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. VISTAPRINT			Date of Disbursement M M / D D / Y Y Y Y 12 / 22 / 2025	
Mailing Address 275 WYMAN STREET			FEC Identification Number C	
City WALTHAM	State MA	Zip Code 02451	Amount of Each Disbursement this Period 107.41	
Purpose of Disbursement PRINTING SERVICES		Category/ Type	Transaction ID : SB17.1106003	
Candidate Name		Memo Item <input type="checkbox"/>		
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).....▶	390.28
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 50 OF 64			
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VISTAPRINT		Date of Disbursement M M / D D / Y Y Y Y 12 / 11 / 2025
Mailing Address 275 WYMAN STREET		FEC Identification Number C
City WALTHAM	State MA	Zip Code 02451
Purpose of Disbursement PRINTING SERVICES		Amount of Each Disbursement this Period 53.69
Candidate Name	Category/Type	Transaction ID : SB17.1103752
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. VISTAPRINT		Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2025
Mailing Address 275 WYMAN STREET		FEC Identification Number C
City WALTHAM	State MA	Zip Code 02451
Purpose of Disbursement PRINTING SERVICES		Amount of Each Disbursement this Period 365.85
Candidate Name	Category/Type	Transaction ID : SB17.1105124
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. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2025
Mailing Address 1776 WILSON BLVD STE 600		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 39.40
Candidate Name	Category/Type	Transaction ID : SB17.1092583
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).....▶	458.94
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 51 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2025
Mailing Address 1776 WILSON BLVD STE 600			FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22203	Amount of Each Disbursement this Period 19.70
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.1094319
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. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2025
Mailing Address 1776 WILSON BLVD STE 600			FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22203	Amount of Each Disbursement this Period 14.35
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.1095907
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. WINRED TECHNICAL SERVICES LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 06 / 2025
Mailing Address 1776 WILSON BLVD STE 600			FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22203	Amount of Each Disbursement this Period 24.61
Purpose of Disbursement MERCHANT FEES		Category/ Type	Transaction ID : SB17.1096166
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).....▶	58.66
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 52 OF 64			
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 07 / 2025
Mailing Address 1776 WILSON BLVD STE 600		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 47.44
Candidate Name	Category/Type	Transaction ID : SB17.1096341
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. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2025
Mailing Address 1776 WILSON BLVD STE 600		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 41.02
Candidate Name	Category/Type	Transaction ID : SB17.1096631
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. WINRED TECHNICAL SERVICES LLC		Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2025
Mailing Address 1776 WILSON BLVD STE 600		FEC Identification Number C
City ARLINGTON	State VA	Zip Code 22203
Purpose of Disbursement MERCHANT FEES		Amount of Each Disbursement this Period 41.02
Candidate Name	Category/Type	Transaction ID : SB17.1096864
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).....▶	129.48
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 53 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 24 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
19.70

Transaction ID : SB17.1099243

Memo Item

Full Name (Last, First, Middle Initial)
B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 12 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
4.10

Transaction ID : SB17.1103681

Memo Item

Full Name (Last, First, Middle Initial)
C. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 24 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
16.40

Transaction ID : SB17.1106150

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 40.20

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 54 OF 64	
	<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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 26 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
1.97

Transaction ID : SB17.1106452

Memo Item

Full Name (Last, First, Middle Initial)
B. WINRED TECHNICAL SERVICES LLC

Mailing Address 1776 WILSON BLVD
STE 600

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
MERCHANT FEES

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 31 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
2.05

Transaction ID : SB17.1107150

Memo Item

Full Name (Last, First, Middle Initial)
C. X CORP

Mailing Address 865 FM 1209
BUILDING 2

City BASTROP State TX Zip Code 78602

Purpose of Disbursement
ONLINE SUBSCRIPTION

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 24 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
8.00

Transaction ID : SB17.1106178

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 12.02

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

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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. X CORP

Mailing Address 865 FM 1209
BUILDING 2

City BASTROP State TX Zip Code 78602

Purpose of Disbursement
ONLINE SUBSCRIPTION

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
12 / 24 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
42.40

Transaction ID : SB17.1106179

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	42.40
TOTAL This Period (last page this line number only).....▶	86411.99

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)
BARB REGNITZ FOR CONGRESS

Full Name (Last, First, Middle Initial)
A. JERNAS LAND & CATTLE LLC

Mailing Address 200 E 400 N

City KNOX State IN Zip Code 46534

Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

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

Disbursement For: 2026

State: District:

Date of Disbursement
M M / D D / Y Y Y Y
11 / 26 / 2025

FEC Identification Number
C

Amount of Each Disbursement this Period
500.00

Transaction ID : SB20A.1

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Disbursement For:

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Disbursement For:

State: District:

Date of Disbursement
M M / D D / Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : SC/10.162561620
BARB REGNITZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item REGNITZ, BARB, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 168		
City VALPARAISO	State IN	ZIP Code 46384
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 10 / 27 / 2025	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	1000.00
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) **BARB REGNITZ FOR CONGRESS** Transaction ID : **SC/10.164714864**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item REGNITZ, BARB, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 168		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City VALPARAISO	State IN	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
24000.00	0.00	24000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 11 / 05 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	24000.00
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/10.162173574**
BARB REGNITZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
REGNITZ, BARB, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address P.O. BOX 168		<input type="checkbox"/> General
City VALPARAISO		<input type="checkbox"/> Other (specify) ▼
State IN	ZIP Code 46384	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 17 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	25000.00
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/10.162561663**
BARB REGNITZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
REGNITZ, BARB, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address P.O. BOX 168		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City VALPARAISO	State IN	ZIP Code 46384
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 10 / 30 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	25000.00
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/10.165856090**
BARB REGNITZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
REGNITZ, BARB, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address P.O. BOX 168		<input type="checkbox"/> General
City VALPARAISO		<input type="checkbox"/> Other (specify) ▼
State IN	ZIP Code 46384	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 25000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 25000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 16 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	25000.00
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/10.166184883**
BARB REGNITZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
REGNITZ, BARB, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address P.O. BOX 168		<input type="checkbox"/> General
City VALPARAISO		<input type="checkbox"/> Other (specify) ▼
State IN	ZIP Code 46384	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 300000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 300000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 30 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	300000.00
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) **BARB REGNITZ FOR CONGRESS** Transaction ID : **SC/10.166363288**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
REGNITZ, BARB, , ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. BOX 168			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
VALPARAISO	IN	46384	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
550000.00	0.00	550000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 31 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	550000.00
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/10.165991815**
BARB REGNITZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
REGNITZ, BARB, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address P.O. BOX 168		<input type="checkbox"/> General
City VALPARAISO		<input type="checkbox"/> Other (specify) ▼
State IN	ZIP Code 46384	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 550000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 550000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 22 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	550000.00
TOTALS This Period (last page in this line only).....▶	1500000.00

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