

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Reeves for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y 01 / 26 / 2026

	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))....	5150.00	27850.00
(b) Total Contribution Refunds (from Line 20(d))	22700.00	22700.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	- 17550.00	5150.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6895.30	38729.76
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6895.30	38729.76
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Reeves 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).....	0.00	22500.00
(ii) Unitemized.....	0.00	200.00
(iii) TOTAL of contributions from individuals ▶	0.00	22700.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	5150.00	5150.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	5150.00	27850.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	82750.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	82750.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.15
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶		
	5150.00	110600.15

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.....	6895.30	38729.76
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	49170.39	49170.39
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	49170.39	49170.39
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	22700.00	22700.00
(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)).....	22700.00	22700.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	78765.69	110600.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	73615.69
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	5150.00
25. SUBTOTAL (add Line 23 and Line 24).....	78765.69
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	78765.69
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A

Transaction ID :

To include inkind.

Form/Schedule:

Transaction ID:

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 20
(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)
Reeves for Congress

A. Full Name (Last, First, Middle Initial)
Reeves, Robert, , ,

Mailing Address 621 E 3rd St

City Bloomsburg State PA Zip Code 17815

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 ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 09 / 2025

Transaction ID : A-100

Amount of Each Receipt this Period
5000.00

Memo Item

Original Contribution as Previously Reported

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).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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 7 OF 20	
<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)
Reeves for Congress

A. Full Name (Last, First, Middle Initial)
Reeves, Paul, C, ,

Mailing Address 4430 E Sleepy Ranch Road

City Cave Creek	State AZ	Zip Code 85331
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FEC ID number of contributing federal political committee. **C** H6AZ01389

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
87900.00

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

Transaction ID : A-69

Amount of Each Receipt this Period
5150.00

Memo Item
IN KIND: Campaign Marketing

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).....▶	5150.00
TOTAL This Period (last page this line number only).....▶	5150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20			
	<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)
Reeves for Congress

Full Name (Last, First, Middle Initial) A. Anedot		Date of Disbursement MM / DD / YYYY 01 / 01 / 2026
Mailing Address 1340 Poydras Street		FEC Identification Number C
City New Orleans	State LA	Zip Code 70112
Purpose of Disbursement Credit Card Processing Fees	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 120.30	
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 : B-39 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Integrated Solutions: Political		Date of Disbursement MM / DD / YYYY 01 / 05 / 2026
Mailing Address 4142 Adams Avenue Suite 103-550		FEC Identification Number C
City San Diego	State CA	Zip Code 92116
Purpose of Disbursement Software	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 350.00	
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 : B-40 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Reeves, Paul, C, ,		Date of Disbursement MM / DD / YYYY 01 / 01 / 2026
Mailing Address 4430 E Sleepy Ranch Road		FEC Identification Number C
City Cave Creek	State AZ	Zip Code 85331
Purpose of Disbursement IN KIND: Campaign Marketing	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5150.00	
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 : B-69 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	5620.30
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20			
	<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)
Reeves for Congress

Full Name (Last, First, Middle Initial) A. The KAL Group, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026
Mailing Address PO Box 730		FEC Identification Number C
City Hilmar	State CA	Zip Code 95324
Purpose of Disbursement Bookkeeping and Software	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1275.00
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 : B-65 <input type="checkbox"/> Memo Item
State: District:		

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

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

SUBTOTAL of Disbursements This Page (optional).....▶	1275.00
TOTAL This Period (last page this line number only).....▶	6895.30

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 20	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Reeves for Congress

Full Name (Last, First, Middle Initial) A. Reeves, Paul, C, ,		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026
Mailing Address 4430 E Sleepy Ranch Road		FEC Identification Number C H6AZ01389
City Cave Creek	State AZ	Zip Code 85331
Purpose of Disbursement	<input type="checkbox"/> 009	Amount of Each Disbursement this Period 20000.00
Candidate Name Reeves, Paul, C, ,	Category/ Type	Transaction ID : B-66
Office Sought: <input checked="" 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: AZ District: 01		

Full Name (Last, First, Middle Initial) B. Reeves, Paul, C, ,		Date of Disbursement M M / D D / Y Y Y Y 01 / 26 / 2026
Mailing Address 4430 E Sleepy Ranch Road		FEC Identification Number C H6AZ01389
City Cave Creek	State AZ	Zip Code 85331
Purpose of Disbursement	<input type="checkbox"/> 009	Amount of Each Disbursement this Period 29170.39
Candidate Name Reeves, Paul, C, ,	Category/ Type	Transaction ID : B-67
Office Sought: <input checked="" 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: AZ District: 01		

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

SUBTOTAL of Disbursements This Page (optional).....▶	49170.39
TOTAL This Period (last page this line number only).....▶	49170.39

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Reeves for Congress

Full Name (Last, First, Middle Initial) A. Acre, Mark, , ,			Date of Disbursement MM / DD / YYYY 01 / 16 / 2026		
Mailing Address 4145 S. Cameltia Drive			FEC Identification Number C		
City Chandler	State AZ	Zip Code 85248	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-49		
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. Andes, Jeffrey, , ,			Date of Disbursement MM / DD / YYYY 01 / 16 / 2026		
Mailing Address 2326 E Mahogany Pl			FEC Identification Number C		
City Chandler	State AZ	Zip Code 85249	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-57		
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. Breen, Madison, , ,			Date of Disbursement MM / DD / YYYY 01 / 16 / 2026		
Mailing Address 8229 E Whispering Wind Dr			FEC Identification Number C		
City Scottsdale	State AZ	Zip Code 85255	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-51		
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).....▶	3250.00
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 12 OF 20			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Reeves for Congress

Full Name (Last, First, Middle Initial) A. Breen, Mark, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 10040 E Happy Valley Rd Unit 381			FEC Identification Number C		
City Scottsdale	State AZ	Zip Code 85255	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-63		
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. Breen, Sundae, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 10040 E Happy Valley Rd Unit 381			FEC Identification Number C		
City Scottsdale	State AZ	Zip Code 85255	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-64		
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. Drake, Jay, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 14414 E Morning Vista Ln			FEC Identification Number C		
City Scottsdale	State AZ	Zip Code 85262	Amount of Each Disbursement this Period 250.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-46		
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).....▶	5250.00
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 13 OF 20			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Reeves for Congress

A. Heimberger, John, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4318 E Zenith Ln

City Cave Creek State AZ Zip Code 85331

Purpose of Disbursement Refund Category/Type 010

Candidate Name

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

State: District:

Date of Disbursement 01 / 16 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 250.00

Transaction ID : B-53

Memo Item

B. LaClere, Morris, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 4626 E Night Glow Dr

City Cave Creek State AZ Zip Code 85331-4028

Purpose of Disbursement Refund Category/Type 010

Candidate Name

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

State: District:

Date of Disbursement 01 / 16 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 250.00

Transaction ID : B-48

Memo Item

C. Lehr, Tara, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 5255 E Hannibal St

City Mesa State AZ Zip Code 85205

Purpose of Disbursement Refund Category/Type 010

Candidate Name

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

State: District:

Date of Disbursement 01 / 16 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 250.00

Transaction ID : B-59

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 750.00

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
Reeves for Congress

Full Name (Last, First, Middle Initial)
A. Linebarger, Mark, , ,

Mailing Address 6415 W Buckskin Trail

City Phoenix State AZ Zip Code 85083

Purpose of Disbursement Refund 010 Category/Type

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
01 / 16 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 250.00

Transaction ID : B-60

Memo Item

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

Mailing Address 19475 N Grayhawk Dr
Unit #1114

City Scottsdale State AZ Zip Code 85255

Purpose of Disbursement Refund 010 Category/Type

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
01 / 16 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : B-52

Memo Item

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

Mailing Address 14506 E Wildcat Dr

City Scottsdale State AZ Zip Code 85262

Purpose of Disbursement Refund 010 Category/Type

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
01 / 16 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 250.00

Transaction ID : B-54

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1000.00

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

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NAME OF COMMITTEE (In Full)
Reeves for Congress

Full Name (Last, First, Middle Initial) A. Reeves, Robert, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 621 E 3rd St			FEC Identification Number C		
City Bloomsburg	State PA	Zip Code 17815	Amount of Each Disbursement this Period 3500.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-42		
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. Reeves, Robert, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 621 E 3rd St			FEC Identification Number C		
City Bloomsburg	State PA	Zip Code 17815	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-43		
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 type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) C. Sabatino, Lara, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 612 E 3rd St			FEC Identification Number C		
City Bloomsburg	State PA	Zip Code 17815	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-62		
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).....▶	5500.00
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 16 OF 20			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Reeves for Congress

Full Name (Last, First, Middle Initial) A. Sanseverino, Frances, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 24522 N 76th Pl			FEC Identification Number C		
City Scottsdale	State AZ	Zip Code 85255	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-45		
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. Sonia, Dolores, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 4924 E Apache Rain Rd			FEC Identification Number C		
City Cave Creek	State AZ	Zip Code 85331	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-55		
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. Terp, Travis, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 8229 E Whispering Wind Dr			FEC Identification Number C		
City Scottsdale	State AZ	Zip Code 85255	Amount of Each Disbursement this Period 2500.00		
Purpose of Disbursement Refund		Category/ Type 010	Transaction ID : B-50		
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).....▶	6000.00
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 17 OF 20			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Reeves for Congress

Full Name (Last, First, Middle Initial) A. Tousley, Christopher, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 16267 N 99th Pl					
City Scottsdale	State AZ	Zip Code 85260	FEC Identification Number C		
Purpose of Disbursement Refund		Category/ Type 010	Amount of Each Disbursement this Period 250.00		
Candidate Name		Transaction ID : B-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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) B. Tousley, Devra, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 16267 N 99 Pl					
City Scottsdale	State AZ	Zip Code 85260	FEC Identification Number C		
Purpose of Disbursement Refund		Category/ Type 010	Amount of Each Disbursement this Period 250.00		
Candidate Name		Transaction ID : B-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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

Full Name (Last, First, Middle Initial) C. Zaglifa, George, , ,			Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2026		
Mailing Address 37211 N. 15th Ave					
City Phoenix	State AZ	Zip Code 85086	FEC Identification Number C		
Purpose of Disbursement Refund		Category/ Type 010	Amount of Each Disbursement this Period 250.00		
Candidate Name		Transaction ID : B-61			
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) ▼		Memo Item <input type="checkbox"/>		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	750.00
TOTAL This Period (last page this line number only).....▶	22500.00

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Reeves for Congress** Transaction ID : C-27

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
Reeves, Paul, C, ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
4430 E Sleepy Ranch Road			<input type="checkbox"/> Other (specify) ▼
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
Cave Creek	AZ	85331	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
20000.00	20000.00	0.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 02 / 2025	M M / D D / Y Y Y Y 12/31/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	0.00
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 : C-36
 Reeves for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item Reeves, Paul, C, ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 4430 E Sleepy Ranch Road		
City Cave Creek	State AZ	ZIP Code 85331
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 62750.00	Cumulative Payment To Date 29170.39	Balance Outstanding at Close of This Period 0.00
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TERMS Date Incurred M M / D D / Y Y Y Y 12 / 30 / 2025	Date Due M M / D D / Y Y Y Y	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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).....▶	0.00
TOTALS This Period (last page in this line only).....▶	0.00

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: SC/10
Transaction ID : C-36

Outstanding Loan Amount of 62750.00 was reduced in the amount of 33579.61 by forgiveness

Form/Schedule:
Transaction ID: