

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

KEITH ALLEN 4 CONGRESS

ADDRESS (number and street)

808 S. SHARY ROAD

SUITE 5-306

Check if different
than previously
reported. (ACC)

MISSION

TX

78572

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00886291

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

TX

34

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

02

D D /

12

Y Y Y Y /

2026

through

M M /

03

D D /

31

Y Y Y Y /

2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

DATWYLER, THOMAS, , ,

Signature of Treasurer

DATWYLER, THOMAS, , ,

Date

M M /

04

D D /

09

Y Y Y Y /

2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

KEITH ALLEN 4 CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	2		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

	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))	3752.37	33814.94
(b) Total Contribution Refunds (from Line 20(d))	2645.42	2645.42
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1106.95	31169.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33.92	126739.47
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	33392.49
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	33.92	93346.98
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

KEITH ALLEN 4 CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
02 / 12 / 2026

To:

MM / DD / YYYY
03 / 31 / 2026**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

556.95

24270.53

(ii) Unitemized

3195.42

5744.41

(iii) TOTAL of contributions
from individuals ▶

3752.37

30014.94

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

3800.00

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

3752.37

33814.94

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

90363.90

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

90363.90

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

0.00

33392.49

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)..... ▶

3752.37

157571.33

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.....	33.92	126739.47
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	4063.42	26120.42
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	4063.42	26120.42
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	2645.42	2645.42
(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)).....	2645.42	2645.42
21. OTHER DISBURSEMENTS	0.00	2066.02
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6742.76	157571.33

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2990.39
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3752.37
25. SUBTOTAL (add Line 23 and Line 24).....	6742.76
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6742.76
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	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 5 OF 12

☒ 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)

KEITH ALLEN 4 CONGRESS

Full Name (Last, First, Middle Initial)

ALLEN, AMANDA, , ,

A. Mailing Address 9917 CALCATERRA SQ

City
SAN DIEGO

State
CA

Zip Code
92131

FEC ID number of contributing
federal political committee.

C

Name of Employer
AETNA

Occupation
SENIOR QUALITY ANALYST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

759.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 23 2026

Transaction ID : ACD3AA24CE1154CB1982

Amount of Each Receipt this Period

36.44

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

B. Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203-1665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20147.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 23 2026

Transaction ID : AECB4F3A545A3435CBA2

Amount of Each Receipt this Period

36.44

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

WRIGHT, CAROLYN, , ,

C. Mailing Address 26389 HOLLYWOOD

City
ROSEVILLE

State
MI

Zip Code
48066

FEC ID number of contributing
federal political committee.

C

Name of Employer
KELLER WILLIAMS

Occupation
REALTOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2914.85

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 14 2026

Transaction ID : A02725BD43A4E42E591D

Amount of Each Receipt this Period

520.51

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

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

556.95

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 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

KEITH ALLEN 4 CONGRESS

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203-1665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

20147.98

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 14 2026

Transaction ID : AF27E0702C023488C99D

Amount of Each Receipt this Period

520.51

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

0.00

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

556.95

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

PAGE 7 OF 12

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KEITH ALLEN 4 CONGRESS

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICESMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203-1665Purpose of Disbursement
CREDIT CARD FEES

001

Candidate Name

Category/
Type

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
0	2		1	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

20.51

Transaction ID : BB7FAE2E1408048B4B06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICESMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203-1665Purpose of Disbursement
CREDIT CARD FEES

001

Candidate Name

Category/
Type

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
0	2		1	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1.97

Transaction ID : BC4433EB381A7473EBF2

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICESMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203-1665Purpose of Disbursement
CREDIT CARD FEES

001

Candidate Name

Category/
Type

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
0	2		2	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1.44

Transaction ID : B4A0CA2C0AF364367AB2

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

23.92

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

23.92

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

PAGE 8 OF 12

☐ 17	☐ 18	☒ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KEITH ALLEN 4 CONGRESS

Full Name (Last, First, Middle Initial)

A. ALLEN, KEITH, , ,Mailing Address 1001 S. TAYLOR ROAD
APT. 1023City
MCALLENState
TXZip Code
78501-8599Purpose of Disbursement
LOAN REPAYMENT: LOAN RECEIVEDCandidate Name
ALLEN, KEITH, , ,Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: TX

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2026

FEC Identification Number

C C00886291

Amount of Each Disbursement this Period

263.42

Transaction ID : B34285FD786A8430D977

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ALLEN, KEITH, , ,Mailing Address 1001 S. TAYLOR ROAD
APT. 1023City
MCALLENState
TXZip Code
78501-8599Purpose of Disbursement
LOAN REPAYMENT: LOAN RECEIVEDCandidate Name
ALLEN, KEITH, , ,Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: TX

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2026

FEC Identification Number

C C00886291

Amount of Each Disbursement this Period

1500.00

Transaction ID : B181A810BF24C40FDBA4

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALLEN, KEITH, , ,Mailing Address 1001 S. TAYLOR ROAD
APT. 1023City
MCALLENState
TXZip Code
78501-8599Purpose of Disbursement
LOAN REPAYMENT: LOAN RECEIVEDCandidate Name
ALLEN, KEITH, , ,Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State: TX

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		13		2026

FEC Identification Number

C C00886291

Amount of Each Disbursement this Period

2300.00

Transaction ID : B0208DC87DF814D999D9

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

4063.42

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

4063.42

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

PAGE 9 OF 12

☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

KEITH ALLEN 4 CONGRESS

Full Name (Last, First, Middle Initial)

A. MILBY, LAURA, , ,

Mailing Address

City

State

Zip Code

Purpose of Disbursement

REFUND: CONTRIBUTION REFUND

010

Candidate Name

Category/
Type

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
0	2		1	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : B1BBBB2977E2F42758C8

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MONZO, RONALD, , ,

Mailing Address P O BOX 246

City

FRASER

State

MI

Zip Code

48026

Purpose of Disbursement

REFUND: REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

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
0	3		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1645.42

Transaction ID : BAACC89347EFF4CF9B87

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARISNICK, DAVID, , ,Mailing Address 214 GREENWOOD BLVD
APT A

City

MARYSVILLE

State

OH

Zip Code

43040

Purpose of Disbursement

REFUND: REFUND OF CONTRIBUTION

010

Candidate Name

Category/
Type

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
0	3		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : B30F4EC05B2DE4D149FC

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

2645.42

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

2645.42

SCHEDULE C (FEC Form 3)
LOANS

PAGE 10 OF 12

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C274AE81D20ED4492B69

KEITH ALLEN 4 CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ALLEN, KEITH, , ,

Mailing Address

1001 S. TAYLOR ROAD
APT. 1023

City

MCALLEN

State

TX

ZIP Code

78501-8599

☒ Personal Funds of the Candidate

Original Amount of Loan

18395.26

Cumulative Payment To Date

17280.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
10 01 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ 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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 11 OF 12

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C5305F65FA19C448C8DD

KEITH ALLEN 4 CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ALLEN, KEITH, , ,

Mailing Address

1001 S. TAYLOR ROAD
APT. 1023

City

MCALLEN

State

TX

ZIP Code

78501-8599

☒ Personal Funds of the Candidate

Original Amount of Loan

6968.64

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 10 / 2025M M / D D / Y Y Y Y
NONE

0.00 % (apr)

☐ Yes ☒ 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)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 12 OF 12

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C81F9BFB0DD5A4F2EA29

KEITH ALLEN 4 CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ALLEN, KEITH, , ,

Mailing Address

1001 S. TAYLOR ROAD
APT. 1023

City

MCALLEN

State

TX

ZIP Code

78501-8599

☒ Personal Funds of the Candidate

Original Amount of Loan

65000.00

Cumulative Payment To Date

8840.42

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 21 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ 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.