

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Blue Majority Project

ADDRESS (number and street)

122 C Street NW

Suite 360

Washington

DC

20001

Check if different
than previously
reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00897363

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

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

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

White, Sean, , ,

Signature of Treasurer

White, Sean, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Blue Majority Project

Report Covering the Period: From: M M / D D / Y Y Y Y Y
01 / 01 / 2026 To: M M / D D / Y Y Y Y Y
01 / 31 / 2026

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2026		31910.20
(b) Cash on Hand at Beginning of Reporting Period.....	31910.20	
(c) Total Receipts (from Line 19)	47000.00	47000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78910.20	78910.20
7. Total Disbursements (from Line 31)	28530.25	28530.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	50379.95	50379.95
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)	5950.02	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Blue Majority Project

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
01 01 2026

To:

M M / D D / Y Y Y Y Y
01 31 2026**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

0.00

0.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

0.00

0.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

0.00

0.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

47000.00

47000.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c)).....▶

47000.00

47000.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

47000.00

47000.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	26500.00	26500.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	2030.25	2030.25
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	28530.25	28530.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28530.25	28530.25

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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)

Blue Majority Project

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Advanced Urgent Care Of Brownsville

Mailing Address 1460 N Expressway 77/83 1460 North
A

City State Zip Code
Brownsville TX 78521

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2026

Transaction ID : 1609914

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cantu Law PLLC

Mailing Address 1124 W Palma Vista Dr

City State Zip Code
Palmview TX 78572-1934

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2026

Transaction ID : 1609917

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEFEND THE VOTE

Mailing Address 600 Pennsylvania Ave SE
Unit 15180

City State Zip Code
Washington DC 20003-7508

FEC ID number of contributing
federal political committee.

C C00764233

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

MM / DD / YYYY
01 / 07 / 2026

Transaction ID : 1609913

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Non-Contribution Account

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

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

17500.00

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

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

FOR LINE NUMBER: PAGE 7 OF 15

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Blue Majority Project

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Harris, William, H, ,

Mailing Address 1010 Waltham St
Apt 8

City
Lexington

State
MA

Zip Code
02421-8061

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Not Employed

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

MM / DD / YYYY
01 / 02 / 2026

Transaction ID : 1609911

Amount of Each Receipt this Period

15000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Pope & Pena

Mailing Address 200 N Britton Ave

City

Rio Grande City

State

TX

Zip Code

78582-3843

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2026

Transaction ID : 1609918

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. R&A Financial Consulting LLC

Mailing Address 6400 N FM 88

City

Weslaco

State

TX

Zip Code

78599-3240

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2026

Transaction ID : 1609916

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Non-Contribution Account

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

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

19500.00

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

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

FOR LINE NUMBER: PAGE 8 OF 15

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

Blue Majority Project

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RGV Case Management II LLC

Mailing Address 505 Angelita Dr
Ste 15

City
Weslaco

State
TX

Zip Code
78599-3694

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2026

Transaction ID : 1609915

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Texas Pain Clinic

Mailing Address 1416 E Expressway 83

City
Weslaco

State
TX

Zip Code
78596-4530

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

MM / DD / YYYY
01 / 16 / 2026

Transaction ID : 1609919

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Non-Contribution Account

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

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

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

10000.00

47000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 15

☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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)

Blue Majority Project

Full Name (Last, First, Middle Initial)

A. Blue Wave Political Partners, LLC

Mailing Address 401 2Nd Ave S
Ste 303

City
Seattle

State
WA

Zip Code
98104-2862

Purpose of Disbursement

Compliance Consulting

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 05 / 2026

FEC Identification Number

C

Transaction ID : 500000081

Amount of Each Disbursement this Period

2000.00

☐ Memo Item Non-Contribution Account

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y 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

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

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

2000.00

2000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 15

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Blue Majority Project

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Activate Change LLC

Nature of Debt (Purpose):

Text Messages

Mailing Address 8 The Grn
8455City
DoverState
DEZip Code
19901-3618

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000000

Amount Incurred This Period

5950.02

Payment This Period

0.00

Outstanding Balance at Close of This Period

5950.02

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ►

5950.02

2) TOTALS This Period (last page this line number only)..... ►

5950.02

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

5950.02

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 11 OF 15
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue Majority Project		FEC IDENTIFICATION NUMBER ▼ C C00897363	
Check if ☐ 24-hour report ☐ 48-hour report		New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Activate Change LLC ☐ Memo Item Non-Contribution Account Mailing Address 8 The Grn # 8455 City Dover State DE Zip Code 19901-3618 Purpose of Expenditure Text Messages Category/Type		Date of Public Distribution/Dissemination MM / DD / YYYY Amount 12500.00 Transaction ID : 500000082 Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate: CRAIG, ANGIE, , , ☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought 14750.00		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee Activate Change LLC ☐ Memo Item Non-Contribution Account Mailing Address 8 The Grn # 8455 City Dover State DE Zip Code 19901-3618 Purpose of Expenditure Text Messages Category/Type		Date of Public Distribution/Dissemination MM / DD / YYYY Amount 14000.00 Transaction ID : 500000083 Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate: STEVENS, HALEY, , , ☒ Support ☐ Oppose		Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 14500.00		Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures		26500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature White, Sean, , ,		Date MM / DD / YYYY 02 / 12 / 2026	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 12 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue Majority Project				FEC IDENTIFICATION NUMBER ▼ C C00897363	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee Activate Change LLC ☒ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 09 / 2026		
* Non-Contribution Account Mailing Address 8 The Grn # 8455			Amount 500.00		
City Dover		State DE	Zip Code 19901-3618		Transaction ID : 500000085
Purpose of Expenditure Text Messages		Category/ Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: VINDMAN, ALEXANDER, , , ☒ Support ☐ Oppose			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 500.00			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
Full Name of Payee Activate Change LLC ☒ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 09 / 2026		
* Non-Contribution Account Mailing Address 8 The Grn # 8455			Amount 2250.00		
City Dover		State DE	Zip Code 19901-3618		Transaction ID : 500000086
Purpose of Expenditure Text Messages		Category/ Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Name of Federal Candidate: CRAIG, ANGIE, , , ☒ Support ☐ Oppose			Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MN		
Calendar Year-To-Date Per Election for Office Sought 14750.00			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			0.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature White, Sean, , ,			Date M M / D D / Y Y Y Y Y Y 02 / 12 / 2026		

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 13 OF 15
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue Majority Project	FEC IDENTIFICATION NUMBER ▼ C C00897363
Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee ☒ Memo Item Activate Change LLC * Non-Contribution Account Mailing Address 8 The Grn # 8455 <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 30%; padding: 2px;">City</td> <td style="border: 1px solid black; width: 20%; padding: 2px;">State</td> <td style="border: 1px solid black; width: 50%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Dover</td> <td style="padding: 2px;">DE</td> <td style="padding: 2px;">19901-3618</td> </tr> </table> Purpose of Expenditure Text Messages Category/Type 	City	State	Zip Code	Dover	DE	19901-3618	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 09 / 2026 Amount 883.34 Transaction ID : 500000087 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City	State	Zip Code					
Dover	DE	19901-3618					
Name of Federal Candidate: BROOKS, BOB, , , ☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>07</u> ☐ President ☐ Senate State: <u>PA</u>						
Calendar Year-To-Date Per Election for Office Sought 883.34	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶ _____						

Full Name of Payee ☒ Memo Item Activate Change LLC * Non-Contribution Account Mailing Address 8 The Grn # 8455 <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 30%; padding: 2px;">City</td> <td style="border: 1px solid black; width: 20%; padding: 2px;">State</td> <td style="border: 1px solid black; width: 50%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Dover</td> <td style="padding: 2px;">DE</td> <td style="padding: 2px;">19901-3618</td> </tr> </table> Purpose of Expenditure Text Messages Category/Type 	City	State	Zip Code	Dover	DE	19901-3618	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 09 / 2026 Amount 533.34 Transaction ID : 500000088 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
City	State	Zip Code					
Dover	DE	19901-3618					
Name of Federal Candidate: PULIDO, BOBBY, , , ☒ Support ☐ Oppose	Office Sought: ☒ House District: <u>15</u> ☐ President ☐ Senate State: <u>TX</u>						
Calendar Year-To-Date Per Election for Office Sought 533.34	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	
(c) TOTAL Independent Expenditures ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

 White, Sean, , ,
 Signature

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 14 OF 15
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue Majority Project			FEC IDENTIFICATION NUMBER ▼ C C00897363	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Activate Change LLC ☒ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 09 2026	
* Non-Contribution Account Mailing Address 8 The Grn # 8455			Amount 783.34	
City Dover	State DE	Zip Code 19901-3618	Transaction ID : 500000089 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure Text Messages		Category/ Type		
Name of Federal Candidate: POWELL, DENISE, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 02 ☐ President ☐ Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought		783.34	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee Activate Change LLC ☒ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 09 2026	
* Non-Contribution Account Mailing Address 8 The Grn # 8455			Amount 500.00	
City Dover	State DE	Zip Code 19901-3618	Transaction ID : 500000090 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure Text Messages		Category/ Type		
Name of Federal Candidate: STEVENS, HALEY, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought		14500.00	Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature White, Sean, , ,		Date M M / D D / Y Y Y Y Y Y 02 12 2026		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 15 OF 15
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Blue Majority Project			FEC IDENTIFICATION NUMBER ▼ C C00897363	
Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y				
Full Name of Payee Activate Change LLC ☒ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 01 / 09 / 2026	
* <u>Non-Contribution Account</u> Mailing Address 8 The Grn # 8455			Amount 500.00	
City Dover		State DE	Zip Code 19901-3618	
Purpose of Expenditure Text Messages			Category/ Type	
Name of Federal Candidate: RIKER, BRANDON, , ,			☒ Support Office Sought: ☒ House District: 48 ☐ Oppose ☐ President ☐ Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 500.00			Disbursement For: ☒ Primary ☐ General ☐ Other (specify) ▶	
Full Name of Payee ☐ Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address 			Amount 	
City 		State 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure 			Category/ Type	
Name of Federal Candidate: ☐ Support ☐ Oppose			Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures 0.00 (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures 26500.00				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature White, Sean, , ,			Date M M / D D / Y Y Y Y Y Y 02 / 12 / 2026	