

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Mary Doyle for Congress

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 24 / 2025 To: M M / D D / Y Y Y Y 03 / 31 / 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))	3614.00	3614.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3614.00	3614.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1981.89	1981.89
(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))	1981.89	1981.89
8. Cash on Hand at Close of Reporting Period (from Line 27)	1632.11	
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)	2783.50	

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

Mary Doyle 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).....	1650.00	1650.00
(ii) Unitemized.....	1964.00	1964.00
(iii) TOTAL of contributions from individuals ▶	3614.00	3614.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3614.00	3614.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	3614.00	3614.00

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.....	1981.89	1981.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1981.89	1981.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3614.00
25. SUBTOTAL (add Line 23 and Line 24).....	3614.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1981.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1632.11

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

Form/Schedule: F3A
Transaction ID :

Amended to include missing accrued expenses

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

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NAME OF COMMITTEE (In Full)
Mary Doyle for Congress

A. Full Name (Last, First, Middle Initial)
Dennis, Jonathan, , ,

Mailing Address PO Box 305

City: Ontario State: OR Zip Code: 97914

FEC ID number of contributing federal political committee: C

Name of Employer: Sagebrush Law Occupation: Attorney

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 24 / 2026

Transaction ID : A-32

Amount of Each Receipt this Period
900.00

Memo Item

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

Mailing Address 2164 Floral Hill Drive

City: Eugene State: OR Zip Code: 97403

FEC ID number of contributing federal political committee: C

Name of Employer: Not Employed Occupation: Not Employed

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
11 / 13 / 2025

Transaction ID : A-22

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 2164 Floral Hill Drive

City: Eugene State: OR Zip Code: 97403

FEC ID number of contributing federal political committee: C

Name of Employer: Not Employed Occupation: Not Employed

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
01 / 08 / 2026

Transaction ID : A-30

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	1650.00

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 7 OF 13	
	<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)
Mary Doyle for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2026
Mailing Address PO Box 441146		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Conduit Processing Fees	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 5.60
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-81 <input type="checkbox"/> Memo Item
State: District: 00		

Full Name (Last, First, Middle Initial) B. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2026
Mailing Address PO Box 441146		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Conduit Processing Fees	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 3.50
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-77 <input type="checkbox"/> Memo Item
State: District: 00		

Full Name (Last, First, Middle Initial) C. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 03 / 29 / 2026
Mailing Address PO Box 441146		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Conduit Processing Fees	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 6.66
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-75 <input type="checkbox"/> Memo Item
State: District: 00		

SUBTOTAL of Disbursements This Page (optional).....▶	15.76
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 8 OF 13			
	<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)
Mary Doyle for Congress

Full Name (Last, First, Middle Initial) A. ActBlue		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2026
Mailing Address PO Box 441146		FEC Identification Number C
City Somerville	State MA	Zip Code 02144
Purpose of Disbursement Conduit Processing Fees	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2.63
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-73 <input type="checkbox"/> Memo Item
State: District: 00		

Full Name (Last, First, Middle Initial) B. C&E Systems		Date of Disbursement M M / D D / Y Y Y Y 12 / 18 / 2025
Mailing Address PO Box 42307		FEC Identification Number C
City Portland	State OR	Zip Code 97242
Purpose of Disbursement FEC compliance	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 275.00
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-51 <input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. C&E Systems		Date of Disbursement M M / D D / Y Y Y Y 01 / 07 / 2026
Mailing Address PO Box 42307		FEC Identification Number C
City Portland	State OR	Zip Code 97242
Purpose of Disbursement FEC compliance, postage	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 115.00
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-3 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	392.63
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 13			
	<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)
Mary Doyle for Congress

Full Name (Last, First, Middle Initial) A. C&E Systems			Date of Disbursement MM / DD / YYYY 02 / 09 / 2026
Mailing Address PO Box 42307			FEC Identification Number C
City Portland	State OR	Zip Code 97242	Amount of Each Disbursement this Period 115.00
Purpose of Disbursement FEC compliance, postage		Category/ Type 001	Transaction ID : B-2
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. C&E Systems			Date of Disbursement MM / DD / YYYY 03 / 09 / 2026
Mailing Address PO Box 42307			FEC Identification Number C
City Portland	State OR	Zip Code 97242	Amount of Each Disbursement this Period 195.89
Purpose of Disbursement FEC compliance, postage		Category/ Type 001	Transaction ID : B-1
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. Doyle, Mary, , ,			Date of Disbursement MM / DD / YYYY 02 / 26 / 2026
Mailing Address 3321 SE 20th Ave. P.o. Box 42307			FEC Identification Number C
City Portland	State OR	Zip Code 97242	Amount of Each Disbursement this Period 1050.00
Purpose of Disbursement payment for candidate advance		Category/ Type 001	Transaction ID : B-9
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).....▶	1360.89
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 13	
	<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)
Mary Doyle for Congress

Full Name (Last, First, Middle Initial) A. Run! Website Builder			Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2026	
Mailing Address 651 North Broad Street			FEC Identification Number C	
City Middletown	State DE	Zip Code 19709	Amount of Each Disbursement this Period 1050.00	
Purpose of Disbursement website and hosting		Category/ Type 001	Transaction ID : B-10	
Candidate Name		Memo Item MEMO: Subvendor of-Mary Doyle		
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
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	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item	
Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	1769.28

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Mary Doyle for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , ,			Nature of Debt (Purpose): accrued expense: subscription
Mailing Address 3321 SE 20th Ave. P.o. Box 42307			
City Portland	State OR	Zip Code 97242	

Outstanding Balance Beginning This Period		Transaction ID : D-106	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
20.00	0.00	20.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , ,			Nature of Debt (Purpose): accrued expense: subscription
Mailing Address 3321 SE 20th Ave. P.o. Box 42307			
City Portland	State OR	Zip Code 97242	

Outstanding Balance Beginning This Period		Transaction ID : D-108	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
10.00	0.00	10.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , ,			Nature of Debt (Purpose): accrued expense: subscription
Mailing Address 3321 SE 20th Ave. P.o. Box 42307			
City Portland	State OR	Zip Code 97242	

Outstanding Balance Beginning This Period		Transaction ID : D-110	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
15.00	0.00	15.00	

1) SUBTOTALS This Period This Page (optional)	45.00
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one) 9 10

NAME OF COMMITTEE (In Full)

Mary Doyle for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , ,			Nature of Debt (Purpose): accrued expense: subscription
Mailing Address 3321 SE 20th Ave. P.o. Box 42307			
City Portland	State OR	Zip Code 97242	

Outstanding Balance Beginning This Period		Transaction ID : D-112	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
20.00	0.00	20.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , ,			Nature of Debt (Purpose): voters pamphlet statement
Mailing Address 3321 SE 20th Ave. P.o. Box 42307			
City Portland	State OR	Zip Code 97242	

Outstanding Balance Beginning This Period		Transaction ID : D-114	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
10.00	0.00	10.00	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , ,			Nature of Debt (Purpose): accrued expense: printing
Mailing Address 3321 SE 20th Ave. P.o. Box 42307			
City Portland	State OR	Zip Code 97242	

Outstanding Balance Beginning This Period		Transaction ID : D-116	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
208.50	0.00	208.50	

1) SUBTOTALS This Period This Page (optional)	238.50
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: (check only one)

9
 10

NAME OF COMMITTEE (In Full)

Mary Doyle for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Doyle, Mary, , ,			Nature of Debt (Purpose): voters pamphlet statement
Mailing Address 3321 SE 20th Ave. P.o. Box 42307			
City Portland	State OR	Zip Code 97242	

Outstanding Balance Beginning This Period		Transaction ID : D-11	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
2500.00	0.00	2500.00	

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)	2500.00
2) TOTALS This Period (last page this line number only)	2783.50
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)	2783.50