

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

MIKE FLOOD FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2026 To: M M / D D / Y Y Y Y 04 / 22 / 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))	34991.19	1837559.14
(b) Total Contribution Refunds (from Line 20(d))	1.00	5001.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	34990.19	1832558.14
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	108078.20	875501.89
(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))	108078.20	875501.89
8. Cash on Hand at Close of Reporting Period (from Line 27)	1337344.99	
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)	6045.90	

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

MIKE FLOOD 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).....	17974.68	916104.68
(ii) Unitemized.....	26.00	34581.69
(iii) TOTAL of contributions from individuals ▶	18000.68	950686.37
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	16990.51	886872.77
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	34991.19	1837559.14
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	156271.76
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	386.85
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	34991.19	1994217.75

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.....	108078.20	875501.89
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	65000.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	65000.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	1.00	5001.00
(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)).....	1.00	5001.00
21. OTHER DISBURSEMENTS	0.00	6000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	108079.20	951502.89

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1410433.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	34991.19
25. SUBTOTAL (add Line 23 and Line 24).....	1445424.19
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	108079.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1337344.99

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 21
(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)
MIKE FLOOD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ARNOLD, JOHN, , ,

Mailing Address 1717 WEST LOOP S
STE 1800

City HOUSTON State TX Zip Code 77027

FEC ID number of contributing federal political committee. C

Name of Employer ARNOLD VENTURES Occupation CO-FOUNDER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2026

Transaction ID : A4857F5F5536E45548FA

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 1717 WEST LOOP S,
STE 1800

City HOUSTON State TX Zip Code 77027

FEC ID number of contributing federal political committee. C

Name of Employer ARNOLD VENTURES Occupation CO-FOUNDER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 11 / 2026

Transaction ID : ADD00F459164B445A8C6

Amount of Each Receipt this Period
3500.00

Memo Item

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

Mailing Address 16051 S 63RD ST

City PAPHILLION State NE Zip Code 68133-2678

FEC ID number of contributing federal political committee. C

Name of Employer U.S. CONGRESS Occupation CONGRESSMAN

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
549.68

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 21 / 2026

Transaction ID : A5105C73BF7244689A30

Amount of Each Receipt this Period
400.86

Memo Item
IN-KIND:EVENT SUPPLIES

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

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

7400.86

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 21	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)
MIKE FLOOD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
BACON, DON, , ,

Mailing Address 16051 S 63RD ST

City PAPILLION	State NE	Zip Code 68133-2678
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FEC ID number of contributing federal political committee.

Name of Employer U.S. CONGRESS	Occupation CONGRESSMAN
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A5E9B6D5BAA14471DB52

Amount of Each Receipt this Period

Memo Item
 IN-KIND:EVENT SUPPLIES

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

Mailing Address 11760 W CEDAR RD

City DE WITT	State NE	Zip Code 68341
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FEC ID number of contributing federal political committee.

Name of Employer SMITH PAULEY LLP	Occupation LAWYER
--------------------------------------	----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : AB1079C1B6B28485D840

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 6525 S 66TH ST

City LINCOLN	State NE	Zip Code 68516-3692
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FEC ID number of contributing federal political committee.

Name of Employer KRUEGER DEVELOPMENT	Occupation OWNER/PRESIDENT
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : AC20804931EC243F7BAE

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="1248.82"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

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 21	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MIKE FLOOD FOR CONGRESS

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

Mailing Address 1120 S 101ST ST

City OMAHA	State NE	Zip Code 68124-1967
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FEC ID number of contributing federal political committee.

Name of Employer SECURITY NATIONAL BANK	Occupation CHAIRMAN
--	------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : **A7E6C04349CB5428E85A**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 513 12TH ST NE
UNIT 8

City WASHINGTON	State DC	Zip Code 20002
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FEC ID number of contributing federal political committee.

Name of Employer CORNERSTONE GOVERNMENT AFFAIRS	Occupation PRINCIPAL
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : **A1633FECE91A04C44BFB**

Amount of Each Receipt this Period

Memo Item

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

Mailing Address 740 PARK AVE

City NEW YORK	State NY	Zip Code 10021
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FEC ID number of contributing federal political committee.

Name of Employer RETIRED	Occupation RETIRED
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : **AC427374940D14B608FB**

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)..... ▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 OF 21
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MIKE FLOOD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
SOHM, CHUCK, , ,

Mailing Address 13505 SOUTH 22ND STREET

City BELLEVUE State NE Zip Code 68123

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 ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 04 / 2026

Transaction ID : AF7272AA31FA2496A9A4

Amount of Each Receipt this Period
25.00

Memo Item

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

Mailing Address 4006 32ND ST

City COLUMBUS State NE Zip Code 68601

FEC ID number of contributing federal political committee. C

Name of Employer STADLER DENTAL CARE Occupation DENTAL SURGEON

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
04 / 17 / 2026

Transaction ID : ABAA5254E4E154360A6A

Amount of Each Receipt this Period
250.00

Memo Item

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

Mailing Address 4632 TIPPERARY TRL

City LINCOLN State NE Zip Code 68512

FEC ID number of contributing federal political committee. C

Name of Employer UNION BANK AND TRUST Occupation CHIEF INFORMATION SECURITY OFFICER

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 19 / 2026

Transaction ID : A72AE09B493FE490DA66

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	17974.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 21	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MIKE FLOOD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
AC PAC ACA INTERNATIONAL PAC

Mailing Address 3200 COURTHOUSE LN

City EAGAN State MN Zip Code 55121-1585

FEC ID number of contributing federal political committee. **C** C00034785

Name of Employer Occupation

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
04 / 21 / 2026

Transaction ID : A5A5B9ACE3FAB4D7388F

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
MIKE FLOOD VICTORY FUND

Mailing Address 1327 H ST
STE 101

City LINCOLN State NE Zip Code 68508-3751

FEC ID number of contributing federal political committee. **C** C00833715

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
174114.03

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 09 / 2026

Transaction ID : AC99DD3C99B274422996

Amount of Each Receipt this Period
1990.51

Memo Item

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

Mailing Address 638 INDEPENDENCE PARKWAY, SUITE 10

City CHESAPEAKE State VA Zip Code 23320

FEC ID number of contributing federal political committee. **C** C00567792

Name of Employer Occupation

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 21 / 2026

Transaction ID : A686A7FFC089D4CEA97A

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	9490.51
TOTAL This Period (last page this line number only)..... ▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 21	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
MIKE FLOOD FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
PRINCIPAL LIFE INSURANCE PAC

Mailing Address 711 HIGH ST

City DES MOINES	State IA	Zip Code 50392-0001
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FEC ID number of contributing federal political committee. **C** C00128918

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 22 / 2026

Transaction ID : A28E2399DC7DF45AAA13

Amount of Each Receipt this Period
2500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
REVENUE BASED FINANCE COALITION, INC. PAC

Mailing Address 1501 WILSON BLVD

City ARLINGTON	State VA	Zip Code 22209-2460
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FEC ID number of contributing federal political committee. **C** C00869461

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
7500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2026

Transaction ID : AB46E95E99DC74ACCA5D

Amount of Each Receipt this Period
2500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
SAMMONS ENTERPRISES, INC POLITICAL ACTION COMMITTEE

Mailing Address 5949 SHERRY LN
STE 1900

City DALLAS	State TX	Zip Code 75225-8015
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FEC ID number of contributing federal political committee. **C** C00388777

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 01 / 2026

Transaction ID : A5DC9C1ED97784BDDADC

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	7500.00
TOTAL This Period (last page this line number only)..... ▶	16990.51

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 21	
	<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)
MIKE FLOOD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ALLO COMMUNICATIONS		Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2026
Mailing Address 1128 LINCOLN MALL STE 302		FEC Identification Number C
City LINCOLN	State NE	Zip Code 68508-2878
Purpose of Disbursement COMMUNICATIONS SERVICES		Amount of Each Disbursement this Period 198.60
Candidate Name		Transaction ID : B68C5EC76C14940FB8CC
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. AMERICAN AIRLINES		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2026
Mailing Address 1 SKYVIEW DR		FEC Identification Number C
City FORT WORTH	State TX	Zip Code 76155-1801
Purpose of Disbursement TRAVEL FLIGHT EXPENSE		Amount of Each Disbursement this Period 485.40
Candidate Name		Transaction ID : B1E050FB5140B46F89F6
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2026
Mailing Address 5555 HILTON AVE		FEC Identification Number C
City BATON ROUGE	State LA	Zip Code 70808-2572
Purpose of Disbursement CREDIT CARD PROCESSING		Amount of Each Disbursement this Period 635.40
Candidate Name		Transaction ID : B04E321ADBEA94238B01
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1319.40
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 21	
	<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)
MIKE FLOOD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AXMEDIA		Date of Disbursement M M / D D / Y Y Y Y 04 / 16 / 2026
Mailing Address 3775 FARBER ST		FEC Identification Number C
City HOUSTON	State TX	Zip Code 77005-3713
Purpose of Disbursement AD BUY	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 91256.00	
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 : B2BE976D0546F45A38C7
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BACON, DON, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2026
Mailing Address 16051 S 63RD ST		FEC Identification Number C
City PAPHILLION	State NE	Zip Code 68133-2678
Purpose of Disbursement IN-KIND:EVENT SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 400.86	
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 : B5105C73BF7244689A30
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BACON, DON, , ,		Date of Disbursement M M / D D / Y Y Y Y 04 / 21 / 2026
Mailing Address 16051 S 63RD ST		FEC Identification Number C
City PAPHILLION	State NE	Zip Code 68133-2678
Purpose of Disbursement IN-KIND:EVENT SUPPLIES	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 148.82	
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 : B5E9B6D5BAA14471DB52
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	91805.68
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 21	
	<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)
MIKE FLOOD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. CAPITAL HILL CLUB		Date of Disbursement MM / DD / YYYY 04 / 16 / 2026
Mailing Address 300 1ST ST SE		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20003-1801
Purpose of Disbursement MEALS	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 318.01	
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 : B6FCCBA54C74D488D8FE
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. COURTYARD		Date of Disbursement MM / DD / YYYY 04 / 08 / 2026
Mailing Address 7750 WISCONSIN AVE		FEC Identification Number C
City BETHESDA	State MD	Zip Code 20814-3522
Purpose of Disbursement LODGING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 467.09	
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 : B24D45C68891B4C5DA64
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. COURTYARD		Date of Disbursement MM / DD / YYYY 04 / 08 / 2026
Mailing Address 7750 WISCONSIN AVE		FEC Identification Number C
City BETHESDA	State MD	Zip Code 20814-3522
Purpose of Disbursement LODGING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 467.09	
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 : B3A8CFAE0D6464E75878
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1252.19
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 14 OF 21	
	<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)
MIKE FLOOD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. COURTYARD		Date of Disbursement MM / DD / YYYY 04 / 13 / 2026
Mailing Address 7750 WISCONSIN AVE		FEC Identification Number C
City BETHESDA	State MD	Zip Code 20814-3522
Purpose of Disbursement LODGING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 312.26	
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 : B9FFF3B8D263149349BD
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. COURTYARD		Date of Disbursement MM / DD / YYYY 04 / 13 / 2026
Mailing Address 7750 WISCONSIN AVE		FEC Identification Number C
City BETHESDA	State MD	Zip Code 20814-3522
Purpose of Disbursement LODGING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 312.26	
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 : B60508F108B2F4F1E9F8
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. DELTA		Date of Disbursement MM / DD / YYYY 04 / 03 / 2026
Mailing Address 1030 DELTA BLVD		FEC Identification Number C
City HAPEVILLE	State GA	Zip Code 30354-1989
Purpose of Disbursement TRAVEL FLIGHT EXPENSE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 897.80	
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 : B70A950D47F47491EB0C
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1522.32
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 21	
	<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)
MIKE FLOOD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. EZ CATER		Date of Disbursement MM / DD / YYYY 04 / 17 / 2026
Mailing Address 40 WATER ST 5TH FLOOR		FEC Identification Number C
City BOSTON	State MA	Zip Code 02109-3604
Purpose of Disbursement MEALS	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 290.82	
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 : B0AB2A223707E481798B
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FLOOD, MIKE, , ,		Date of Disbursement MM / DD / YYYY 04 / 13 / 2026
Mailing Address 214 N 7TH ST., STE. 1		FEC Identification Number C
City NORFOLK	State NE	Zip Code 68701-4086
Purpose of Disbursement REIMBURSEMENTS	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2812.66	
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 : B44DB0B101F6D4171ABE
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. THE PRIME RIB		Date of Disbursement MM / DD / YYYY 03 / 26 / 2026
Mailing Address 2020 K ST NW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20006-1817
Purpose of Disbursement SUB-VENDOR: EVENT FOOD & BEV	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2076.20	
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 : B107BDCE0F4A54C04B5B
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	3103.48
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 21	
	<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)
MIKE FLOOD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 1600 AMPHITHEATRE PRKY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement COMPUTER SERVICES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 50.40	
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 : BE140C0484EA84BEABA4
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GOOGLE		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 1600 AMPHITHEATRE PRKY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement COMPUTER SERVICES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 15.56	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BAE4422CB73AE4E18B79
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. JBEST & COMPANY		Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026
Mailing Address 11235 DAVENPORT ST STE 107		FEC Identification Number C
City OMAHA	State NE	Zip Code 68154-2613
Purpose of Disbursement FUNDRAISING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5000.00	
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 : BC1261253755F4AF993C
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5065.96
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 21	
	<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)
MIKE FLOOD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. LA TETE DOR			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2026	
Mailing Address 318 PARK AVE S			FEC Identification Number C	
City NEW YORK	State NY	Zip Code 10010-3606	Amount of Each Disbursement this Period 611.20	
Purpose of Disbursement MEALS		Category/ Type	Transaction ID : BDAD0521F4A6A4136B90	
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. NY CUB			Date of Disbursement M M / D D / Y Y Y Y 04 / 09 / 2026	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period 234.58	
Purpose of Disbursement		Category/ Type	Transaction ID : B5DBC156DE75645838B4	
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. QUALITY PRESS PRINTING INC.			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2026	
Mailing Address 3500 N 20TH ST			FEC Identification Number C	
City LINCOLN	State NE	Zip Code 68521-1334	Amount of Each Disbursement this Period 340.00	
Purpose of Disbursement PRINT		Category/ Type	Transaction ID : B643AA348CA0E4FE2979	
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).....▶	1185.78
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 18 OF 21			
	<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)
MIKE FLOOD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. RAINES			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2026
Mailing Address 24 E 39TH ST			FEC Identification Number C
City NEW YORK	State NY	Zip Code 10016-2555	Amount of Each Disbursement this Period 1719.81
Purpose of Disbursement EVENT FOOD & BEV		Category/Type	Transaction ID : BF0097A0F44214999921
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. SDP CREATIVE			Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026
Mailing Address 510 UNION ST			FEC Identification Number C
City MILLERSBURG	State PA	Zip Code 17061-1470	Amount of Each Disbursement this Period 487.60
Purpose of Disbursement PRINT		Category/Type	Transaction ID : BF692599B204E4CBFBBA
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. SOUTHWEST			Date of Disbursement M M / D D / Y Y Y Y 04 / 22 / 2026
Mailing Address 2702 LOVE FIELD DR			FEC Identification Number C
City DALLAS	State TX	Zip Code 75235-1908	Amount of Each Disbursement this Period 292.32
Purpose of Disbursement TRAVEL FLIGHT EXPENSE		Category/Type	Transaction ID : BCA0D38423B9E43EFA4C
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).....▶	2499.73
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 19 OF 21	
	<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)
MIKE FLOOD FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement
A. USPS		M M / D D / Y Y Y Y 04 / 15 / 2026
Mailing Address 1124 PACIFIC ST RM 107		FEC Identification Number
City OMAHA	State NE	Zip Code 68108-3200
Purpose of Disbursement POSTAGE		<input type="checkbox"/> 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: 2026	78.00
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Transaction ID : B104C328C5C464CD79AD
<input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
B. USPS		M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 1124 PACIFIC ST RM 107		FEC Identification Number
City OMAHA	State NE	Zip Code 68108-3200
Purpose of Disbursement POSTAGE		<input type="checkbox"/> 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: 2026	23.45
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Transaction ID : B9B127F96A00E4463A13
<input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement
C. WINRED		M M / D D / Y Y Y Y 04 / 22 / 2026
Mailing Address 1776 WILSON BLVD STE 530		FEC Identification Number
City ARLINGTON	State VA	Zip Code 22209-2517
Purpose of Disbursement CREDIT CARD PROCESSING		<input type="checkbox"/> 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: 2026	0.99
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		Transaction ID : B60A335E35C494F24811
<input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	102.44
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 20 OF 21	
	<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)
MIKE FLOOD FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ZOOM		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 55 ALMADEN BLVD		FEC Identification Number C
City SAN JOSE	State CA	Zip Code 95113-1608
Purpose of Disbursement COMPUTER SERVICES	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 18.22	
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 : B8884BC5667BE4D878C0
State: District:	<input type="checkbox"/> Memo Item	

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).....▶	18.22
TOTAL This Period (last page this line number only).....▶	107875.20

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

NAME OF COMMITTEE (In Full)

MIKE FLOOD FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor DESIGN 4 INC			Nature of Debt (Purpose): PRINTING: BANNERS/SIGNS
Mailing Address 3232 H ST			
City OMAHA	State NE	Zip Code 68107-1449	

Outstanding Balance Beginning This Period 5745.90	Transaction ID : D2ADF7C8965F04C789BF	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5745.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor NEBRASKA REPUBLICAN PARTY			Nature of Debt (Purpose): OPERATIONS: OFFICE RENT
Mailing Address 1610 N ST			
City LINCOLN	State NE	Zip Code 68508-1871	

Outstanding Balance Beginning This Period 300.00	Transaction ID : D92A6760C33164041B80	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 300.00

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	Transaction ID :	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)	6045.90
2) TOTALS This Period (last page this line number only)	6045.90
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)	6045.90