

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DEL FOR ARIZONA

Report Covering the Period: From: / / To: / /

	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))	<input type="text" value="261.00"/>	<input type="text" value="2331.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="261.00"/>	<input type="text" value="2331.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="4008.38"/>	<input type="text" value="5417.90"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text" value="4008.38"/>	<input type="text" value="5417.90"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text" value="0.00"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DEL FOR ARIZONA

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).....	250.00	1500.00
(ii) Unitemized.....	11.00	831.00
(iii) TOTAL of contributions from individuals ▶	261.00	2331.00
(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))..	261.00	2331.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	5497.78
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	5497.78
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)..... ▶	261.00	7828.78

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.....	4008.38	5417.90
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	5497.78	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	5497.78	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) ►	9506.16	5417.90

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9245.16
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	261.00
25. SUBTOTAL (add Line 23 and Line 24).....	9506.16
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9506.16
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 5 OF 9	
	<input checked="" type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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)
DEL FOR ARIZONA

A. Full Name (Last, First, Middle Initial)
Moore, Lauren, , ,

Mailing Address 3 West Main St Apt 9

City: Macedon State: NY Zip Code: 14502

FEC ID number of contributing federal political committee: C

Name of Employer: L3harris Occupation: Manufacturing Technician

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
07 / 06 / 2025

Transaction ID : SA11AI.4221

Amount of Each Receipt this Period
250.00

Memo Item
* Earmarked Contribution: See Below

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City: SOMERVILLE State: MA Zip Code: 02144

FEC ID number of contributing federal political committee: C C00401224

Name of Employer: Occupation:

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3993.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 02 / 2025

Transaction ID : SA11AI.4221.0

Amount of Each Receipt this Period
250.00

Memo Item
Note: Above Contribution earmarked through this organization

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee: C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	250.00

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 6 OF 9	
	<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)
DEL FOR ARIZONA

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services			Date of Disbursement M M / D D / Y Y Y Y 08 / 03 / 2025	
Mailing Address 366 Summer St			FEC Identification Number C	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period 10.32	
Purpose of Disbursement Merchant Fees		Category/ Type	Transaction ID : SB17.4228	
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. Acuity Politics LLC			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2025	
Mailing Address 1030 15th St NW #404			FEC Identification Number C	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 1578.00	
Purpose of Disbursement		Category/ Type	Transaction ID : SB17.4236	
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. DEL VECCHIO, BRIAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2025	
Mailing Address PO BOX 1963			FEC Identification Number C H6AZ01272	
City CAVE CREEK	State AZ	Zip Code 85327	Amount of Each Disbursement this Period 1378.66	
Purpose of Disbursement Reimbursement - See Below if Itemized		Category/ Type	Transaction ID : SB17.4230	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: AZ District: 01				

SUBTOTAL of Disbursements This Page (optional).....▶	2966.98
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 7 OF 9	
	<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)
DEL FOR ARIZONA

Full Name (Last, First, Middle Initial) A. Google		Date of Disbursement MM / DD / YYYY 08 / 03 / 2025
Mailing Address 1600 Amphitheatre Parkway		FEC Identification Number C
City Mountain View	State CA	Zip Code 94043
Purpose of Disbursement Subscription	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 727.69	
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 : SB17.4230.0 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Amazon		Date of Disbursement MM / DD / YYYY 07 / 27 / 2025
Mailing Address 410 Terry Ave N		FEC Identification Number C
City Seattle	State WA	Zip Code 98109
Purpose of Disbursement Office Supplies	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 650.97	
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 : SB17.4230.1 <input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Monaghan, Kara, ,		Date of Disbursement MM / DD / YYYY 08 / 14 / 2025
Mailing Address 549 W Portland St		FEC Identification Number C
City Phoenix	State AZ	Zip Code 85003
Purpose of Disbursement Campaign Management	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
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 : SB17.4238 <input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	3966.98

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 9	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input checked="" type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
DEL FOR ARIZONA

Full Name (Last, First, Middle Initial) A. DEL VECCHIO, BRIAN, , ,			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2025	
Mailing Address PO BOX 1963			FEC Identification Number C H6AZ01272	
City CAVE CREEK	State AZ	Zip Code 85327	Amount of Each Disbursement this Period 5497.78	
Purpose of Disbursement Loan Repayment			Transaction ID : SB19A.4220	
Candidate Name DEL VECCHIO, BRIAN, , ,			Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: AZ District: 01				

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			Memo Item <input type="checkbox"/>	
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			Memo Item <input type="checkbox"/>	
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).....▶	5497.78
TOTAL This Period (last page this line number only).....▶	5497.78

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4162**
DEL FOR ARIZONA

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
DEL VECCHIO, BRIAN, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address PO BOX 1963		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City CAVE CREEK	State AZ	ZIP Code 85327
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5497.78	5497.78	0.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 01 / 2025	M M / D D / Y Y Y Y 11/3/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	0.00
TOTALS This Period (last page in this line only).....▶	0.00

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