



## SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**DUFFY FOR WISCONSIN**

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	0.00	0.00
(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)) .....	0.00	0.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	5106.40	77766.21
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	2000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	5106.40	75766.21
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	<b>1261849.82</b>	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	<b>0.00</b>	

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**DUFFY FOR WISCONSIN**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(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))..	0.00	0.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	2000.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	42940.68	247207.72
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	42940.68	249207.72

**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.....	5106.40	77766.21
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 .....	1000000.00	1000000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	1005106.40	1077766.21

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2224015.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	42940.68
25. SUBTOTAL (add Line 23 and Line 24).....	2266956.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1005106.40
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1261849.82

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

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NAME OF COMMITTEE (In Full)  
**DUFFY FOR WISCONSIN**

**A.** Full Name (Last, First, Middle Initial)  
EDWARD JONES

Mailing Address P.O. BOX 578

City: CHIPPEWA FALLS      State: WI      Zip Code: 54729

FEC ID number of contributing federal political committee: C

Name of Employer:      Occupation:

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
533602.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 31 / 2025

**Transaction ID : SA15.30903**

Amount of Each Receipt this Period  
31338.68

Memo Item  
INVESTMENT GAIN

**B.** Full Name (Last, First, Middle Initial)  
EDWARD JONES

Mailing Address P.O. BOX 578

City: CHIPPEWA FALLS      State: WI      Zip Code: 54729

FEC ID number of contributing federal political committee: C

Name of Employer:      Occupation:

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
533602.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
11 / 30 / 2025

**Transaction ID : SA15.30904**

Amount of Each Receipt this Period  
9494.93

Memo Item  
INVESTMENT GAIN

**C.** Full Name (Last, First, Middle Initial)  
EDWARD JONES

Mailing Address P.O. BOX 578

City: CHIPPEWA FALLS      State: WI      Zip Code: 54729

FEC ID number of contributing federal political committee: C

Name of Employer:      Occupation:

Receipt For:  
 Primary     General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
533602.45

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 31 / 2025

**Transaction ID : SA15.30905**

Amount of Each Receipt this Period  
2097.72

Memo Item  
INVESTMENT GAIN

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	42931.33
<b>TOTAL</b> This Period (last page this line number only).....▶	42931.33

# 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 12	
	<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)  
**DUFFY FOR WISCONSIN**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2025
Mailing Address PO BOX 650448		FEC Identification Number C
City DALLAS	State TX	Zip Code 75265
Purpose of Disbursement CREDIT CARD PAYMENT		Amount of Each Disbursement this Period 16.80
Candidate Name		Transaction ID : SB17.I30886
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) <b>B. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2025
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICE		Amount of Each Disbursement this Period 16.80
Candidate Name		Transaction ID : SB17.I30898
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. INCREDIBLE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 10 / 2025
Mailing Address 327 N 17TH AVE		FEC Identification Number C
City WAUSAU	State WI	Zip Code 54401
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period 40.00
Candidate Name		Transaction ID : SB17.I30892
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	56.80
<b>TOTAL</b> 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 12			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**DUFFY FOR WISCONSIN**

Full Name (Last, First, Middle Initial) <b>A. MILLER, JIM, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2025		
Mailing Address 15611 W LAKEWOOD DRIVE			FEC Identification Number C		
City HAYWARD	State WI	Zip Code 54843	Amount of Each Disbursement this Period 350.00		
Purpose of Disbursement ADMINISTRATIVE CONSULTING		Category/ Type	Transaction ID : SB17.I30895		
Candidate Name		<input type="checkbox"/> Memo Item			
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) <b>B. CROSBY OTTENHOFF GROUP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2025		
Mailing Address 421 OFFICE PARK DRIVE			FEC Identification Number C		
City MOUNTAIN BROOK	State AL	Zip Code 35223	Amount of Each Disbursement this Period 1078.80		
Purpose of Disbursement COMPLIANCE CONSULTING / POSTAGE		Category/ Type	Transaction ID : SB17.I30890		
Candidate Name		<input type="checkbox"/> Memo Item			
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) <b>C. ATCHLEY &amp; ASSOCIATES, LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2025		
Mailing Address 1005 LA POSADA DRIVE			FEC Identification Number C		
City AUSTIN	State TX	Zip Code 78752	Amount of Each Disbursement this Period 1306.00		
Purpose of Disbursement ACCOUNTING SERVICES		Category/ Type	Transaction ID : SB17.I30889		
Candidate Name		<input type="checkbox"/> Memo Item			
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:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2734.80
<b>TOTAL</b> 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 12	
	<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)  
**DUFFY FOR WISCONSIN**

Full Name (Last, First, Middle Initial) <b>A. FIRST STREET PLLC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 28 / 2025
Mailing Address 625 NORTH WASHINGTON STREET SUITE 325		FEC Identification Number C
City ALEXANDRIA	State VA	Zip Code 22314
Purpose of Disbursement LEGAL CONSULTING		Amount of Each Disbursement this Period 525.00
Candidate Name		Transaction ID : SB17.I30891
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) <b>B. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2025
Mailing Address PO BOX 650448		FEC Identification Number C
City DALLAS	State TX	Zip Code 75265
Purpose of Disbursement CREDIT CARD PAYMENT		Amount of Each Disbursement this Period 992.80
Candidate Name		Transaction ID : SB17.I30887
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) <b>C. GODADDY.COM</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2025
Mailing Address 14455 N HAYDEN RD #219		FEC Identification Number C
City SCOTTSDALE	State AZ	Zip Code 85260
Purpose of Disbursement WEB SERVICE		Amount of Each Disbursement this Period 976.00
Candidate Name		Transaction ID : SB17.I30899
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 checked="" type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1517.80
<b>TOTAL</b> 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 12	
	<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)  
**DUFFY FOR WISCONSIN**

Full Name (Last, First, Middle Initial) <b>A. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2025
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 16.80	
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) ▼	Transaction ID : SB17.I30900
State: District:	<input checked="" type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. INCREDIBLE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 10 / 2025
Mailing Address 327 N 17TH AVE		FEC Identification Number C
City WAUSAU	State WI	Zip Code 54401
Purpose of Disbursement BANK FEE	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 40.20	
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) ▼	Transaction ID : SB17.I30893
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. MILLER, JIM, , ,</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 14 / 2025
Mailing Address 15611 W LAKEWOOD DRIVE		FEC Identification Number C
City HAYWARD	State WI	Zip Code 54843
Purpose of Disbursement ADMINISTRATIVE CONSULTING	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 350.00	
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) ▼	Transaction ID : SB17.I30896
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	390.20
<b>TOTAL</b> 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 12	
	<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)  
**DUFFY FOR WISCONSIN**

Full Name (Last, First, Middle Initial) <b>A. AMERICAN EXPRESS</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2025
Mailing Address PO BOX 650448		FEC Identification Number C
City DALLAS	State TX	Zip Code 75265
Purpose of Disbursement CREDIT CARD PAYMENT		Amount of Each Disbursement this Period 16.80
Candidate Name		Transaction ID : SB17.I30888
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) <b>B. GOOGLE</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 09 / 2025
Mailing Address 1600 AMPHITHEATRE PARKWAY		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043
Purpose of Disbursement WEB SERVICE		Amount of Each Disbursement this Period 16.80
Candidate Name		Transaction ID : SB17.I30901
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 checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>C. INCREDIBLE BANK</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2025
Mailing Address 327 N 17TH AVE		FEC Identification Number C
City WAUSAU	State WI	Zip Code 54401
Purpose of Disbursement BANK FEE		Amount of Each Disbursement this Period 40.00
Candidate Name		Transaction ID : SB17.I30894
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	56.80
<b>TOTAL</b> 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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**DUFFY FOR WISCONSIN**

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

Mailing Address 15611 W LAKEWOOD DRIVE

City HAYWARD    State WI    Zip Code 54843

Purpose of Disbursement  
ADMINISTRATIVE CONSULTING

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For:  Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y  
12 / 15 / 2025

FEC Identification Number  
C

Amount of Each Disbursement this Period  
350.00

Transaction ID : SB17.130897

Memo Item

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

Mailing Address

City    State    Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House     Senate     President  
Disbursement For:  Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
M M / D D / 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

Office Sought:  House     Senate     President  
Disbursement For:  Primary     General  
 Other (specify) ▼

State:    District:

Date of Disbursement  
M M / D D / Y Y Y Y

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	350.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5106.40

# 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 12	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**DUFFY FOR WISCONSIN**

Full Name (Last, First, Middle Initial) <b>A. NORTHWOODS FUTURE PAC</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 27 / 2025
Mailing Address 421 OFFICE PARK DRIVE		FEC Identification Number C C00922955
City MOUNTAIN BROOK	State AL	Zip Code 35223
Purpose of Disbursement CONTRIBUTION TO COMMITTEE		Amount of Each Disbursement this Period 1000000.00
Candidate Name		Transaction ID : SB21.I30902
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) <b>B.</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		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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) <b>C.</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		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000000.00