

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type over the lines.

1 2 F E 4 M 5

SHOEMAKER 4 CONGRESS

ADDRESS (number and street)

321 W LODI AVE



Check if different than previously reported. (ACC)

LODI

CA

95240

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00902221

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

CA

09

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the State of

5. Covering Period

M M / D D / Y Y Y Y

03 / 01 / 2025

through

M M / D D / Y Y Y Y

06 / 30 / 2025

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer KIGER, ROBERT, , ,

Signature of Treasurer

KIGER, ROBERT, , ,

Date

M M / D D / Y Y Y Y

07 / 11 / 2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

SHOEMAKER 4 CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
03 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	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))....	6852.90	6852.90
(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))	6852.90	6852.90
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5562.08	5562.08
(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))	5562.08	5562.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1315.82	
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)	10625.00	

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

SHOEMAKER 4 CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
03 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025**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).....

6652.90

6652.90

(ii) Unitemized

200.00

200.00

(iii) TOTAL of contributions
from individuals ▶

6852.90

6852.90

(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))..

6852.90

6852.90

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.....

25.00

25.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

25.00

25.00

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)..... ▶

6877.90

6877.90

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.....	5562.08	5562.08
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) ►	5562.08	5562.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	6877.90
25. SUBTOTAL (add Line 23 and Line 24).....	6877.90
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5562.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1315.82

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 14

☒ 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)

SHOEMAKER 4 CONGRESS

Full Name (Last, First, Middle Initial)

Ghai, Munish, , ,

A.

Mailing Address 17813 Almond Orchard Way

City

Lathrop

State

CA

Zip Code

95330

FEC ID number of contributing
federal political committee.

C

Name of Employer

PSNM Real Estate

Occupation

CEO

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 19 2025

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period

501.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Linkletter, Sandra, , ,

B.

Mailing Address 4338 25th Ave

City

Norwalk

State

IA

Zip Code

50211

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 11 2025

Transaction ID : SA11AI.4147

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

McGuire, Patricia, M, ,

C.

Mailing Address 14267 Peltier Rd

City

Lockford

State

CA

Zip Code

95237

FEC ID number of contributing
federal political committee.

C

Name of Employer

Requested

Occupation

Requested

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 21 2025

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

300.00

☐ Memo Item
Contribution

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

1051.00

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 6 OF 14

☒ 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)

SHOEMAKER 4 CONGRESS

Full Name (Last, First, Middle Initial)

Moskovitz, Ronald, , ,

A.

Mailing Address 2960 Claremont Blvd

City

Berkeley

State

CA

Zip Code

94705

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 02 2025

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

O'Keeffe, William, , ,

B.

Mailing Address 820 Laguna Honda Blvd,

City

San Francisco

State

CA

Zip Code

94127

FEC ID number of contributing
federal political committee.

C

Name of Employer

SAFTI

Occupation

PRES

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.73

Date of Receipt

M M / D D / Y Y Y Y Y
06 18 2025

Transaction ID : SA11AI.4149

Amount of Each Receipt this Period

260.73

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Payne, Verlie, , ,

C.

Mailing Address 150 Willowbend

City

Irvine

State

CA

Zip Code

92612

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hudsons Cookies

Occupation

Owner

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

521.15

Date of Receipt

M M / D D / Y Y Y Y Y
04 25 2025

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period

521.15

☐ Memo Item
Contribution

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

1031.88

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 7 OF 14

☒ 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)

SHOEMAKER 4 CONGRESS

Full Name (Last, First, Middle Initial)

Shoemaker 4 Senate

A.

Mailing Address 321 W Lodi Ave

City

Lodi

State

CA

Zip Code

95240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

4570.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 25 2025

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period

4570.02

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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)..... ▶

4570.02

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

6652.90

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 8 OF 14

☐ 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)

SHOEMAKER 4 CONGRESS

Full Name (Last, First, Middle Initial)

KIGER, ROBERT, , ,

A.

Mailing Address PO Box 3495

City

Palm Beach

State

FL

Zip Code

33480

FEC ID number of contributing
federal political committee.

C

Name of Employer

FEC Infusion LLC

Occupation

President

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 05 / 2025

Transaction ID : SA13B.4099

Amount of Each Receipt this Period

25.00

☐ Memo Item

Loan to Open Bank Account

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

25.00

25.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 14

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

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)

SHOEMAKER 4 CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN EXPRESS

Mailing Address PO Box 10689

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

City
CITY OF INDUSTRYState
CAZip Code
91716

FEC Identification Number

C	C00902221
---	-----------

Purpose of Disbursement
Campaign Expense/Travel/Credit Card Payment

001

Amount of Each Disbursement this Period

2383.17

Candidate Name
SHOEMAKER 4 CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB17.4119

☐ Memo Item

State: CA

District: 09

Full Name (Last, First, Middle Initial)

B. AMERICAN EXPRESS

Mailing Address PO Box 10689

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

City
CITY OF INDUSTRYState
CAZip Code
91716

FEC Identification Number

C	C00902221
---	-----------

Purpose of Disbursement
Campaign Expense/Office Expense/Credit Card Payment

001

Amount of Each Disbursement this Period

1164.07

Candidate Name
SHOEMAKER 4 CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB17.4138

☐ Memo Item

State: CA

District: 09

Full Name (Last, First, Middle Initial)

C. AMERICAN EXPRESS

Mailing Address PO Box 10689

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	2	5

City
CITY OF INDUSTRYState
CAZip Code
91716

FEC Identification Number

C	C00902221
---	-----------

Purpose of Disbursement
Campaign Expense/Office Expense/Printing/Credit Card PaymentCategory/
Type

Amount of Each Disbursement this Period

1040.56

Candidate Name
SHOEMAKER 4 CONGRESSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

Transaction ID : SB17.4154

☐ Memo Item

State: CA

District: 09

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

4587.80

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 14

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

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)

SHOEMAKER 4 CONGRESS

Full Name (Last, First, Middle Initial)

A. California Republican Convention

Mailing Address 1355 HALYARD DR

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

City
West SacramentoState
CAZip Code
95691

FEC Identification Number

C C00902221Purpose of Disbursement
Campaign Expense/Travel/Credit Card Payment

001

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4121

☒ Memo ItemCandidate Name
SHOEMAKER 4 CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 09

Full Name (Last, First, Middle Initial)

B. Copy World

Mailing Address 1375 University Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

City
BerkleyState
CAZip Code
94702

FEC Identification Number

C C00902221Purpose of Disbursement
Campaign Expense/Printing/Credit Card Payment

001

Amount of Each Disbursement this Period

388.50

Transaction ID : SB17.4152

☒ Memo ItemCandidate Name
SHOEMAKER 4 CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 09

Full Name (Last, First, Middle Initial)

C. FEC Infusion LLC

Mailing Address PO Box 3495

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	2	5

City
Palm BeachState
FLZip Code
33480

FEC Identification Number

C C00902221Purpose of Disbursement
Reporting & Compliance

001

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.4107

☐ Memo ItemCandidate Name
SHOEMAKER 4 CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 09

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

500.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 14

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

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)

SHOEMAKER 4 CONGRESS

Full Name (Last, First, Middle Initial)

A. FEC Infusion LLC

Mailing Address PO Box 3495

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	5

City
Palm BeachState
FLZip Code
33480

FEC Identification Number

C C00902221Purpose of Disbursement
Reporting & Compliance

001

Amount of Each Disbursement this Period

421.80

Transaction ID : SB17.4110

☐ Memo ItemCandidate Name
SHOEMAKER 4 CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 09

Full Name (Last, First, Middle Initial)

B. Hyatt Regency

Mailing Address 1209 L Street

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

City
SacramentoState
CAZip Code
95814

FEC Identification Number

C C00902221Purpose of Disbursement
Campaign Expense/Travel/Hotel/Credit Card Payment

001

Amount of Each Disbursement this Period

239.48

Transaction ID : SB17.4166

☒ Memo ItemCandidate Name
SHOEMAKER 4 CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 09

Full Name (Last, First, Middle Initial)

C. McShane LLC

Mailing Address 7975 W. Badura Ave #1000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

City
Las VegasState
NVZip Code
89113

FEC Identification Number

C C00902221Purpose of Disbursement
Campaign Expense/Political Strategy Consulting/Credit Card Payment

001

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.4141

☒ Memo ItemCandidate Name
SHOEMAKER 4 CONGRESSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 09

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

421.80

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 14

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

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)

SHOEMAKER 4 CONGRESS

Full Name (Last, First, Middle Initial)

A. McShane LLC

Mailing Address 7975 W. Badura Ave #1000

City
Las VegasState
NVZip Code
89113Purpose of Disbursement
Campaign Expense/Political Strategy Consulting/Credit Card Payment

001

Candidate Name
SHOEMAKER 4 CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	2	5

FEC Identification Number

C C00902221

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.4142

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. Square Space

Mailing Address 225 VARICK ST FL 12

City
NEW YORKState
NYZip Code
10014Purpose of Disbursement
Campaign Expense/Website Design/Credit Card Payment

001

Candidate Name
SHOEMAKER 4 CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

FEC Identification Number

C C00902221

Amount of Each Disbursement this Period

276.00

Transaction ID : SB17.4136

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. TEQUILA MUSEO MAYAHUMailing Address 1200 K ST
SUITE 3City
SacramentState
CAZip Code
95814Purpose of Disbursement
Campaign Expense/Travel/Meals/Credit Card Payment

001

Candidate Name
SHOEMAKER 4 CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	2	5

FEC Identification Number

C C00902221

Amount of Each Disbursement this Period

201.16

Transaction ID : SB17.4134

☒ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

0.00

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

5509.60

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 13 OF 14

FOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4099

SHOEMAKER 4 CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

KIGER, ROBERT, , ,

Mailing Address

PO Box 3495

City

Palm Beach

State

FL

ZIP Code

33480

☐ Personal Funds of the Candidate

Original Amount of Loan

25.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 05 / 2025

M M / D D / Y Y Y Y

None

0.00

% (apr)

☒ Yes ☐ 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).....▶

25.00

TOTALS This Period (last page in this line only).....▶

25.00

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

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

PAGE 14 OF 14

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

NAME OF COMMITTEE (In Full)

SHOEMAKER 4 CONGRESS

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

AMERICAN EXPRESS

Nature of Debt (Purpose):

Campaign Expense/Travel/Credit Card Debit

Mailing Address PO Box 10689

City

CITY OF INDUSTRY

State

CA

Zip Code

91716

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4124

Amount Incurred This Period

8164.07

Payment This Period

1164.07

Outstanding Balance at Close of This Period

7000.00

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

AMERICAN EXPRESS

Nature of Debt (Purpose):

Campaign Expense/Travel/Credit Card Debit

Mailing Address PO Box 10689

City

CITY OF INDUSTRY

State

CA

Zip Code

91716

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4143

Amount Incurred This Period

4640.56

Payment This Period

1040.56

Outstanding Balance at Close of This Period

3600.00

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

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

10600.00

2) **TOTALS** This Period (last page this line number only) ▶

10600.00

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

25.00

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

10625.00