

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

JIM CARLIN FOR US SENATE

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 05 / 13 / 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))	31378.49	134214.57
(b) Total Contribution Refunds (from Line 20(d))	1.00	401.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	31377.49	133813.57
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	164057.23	441869.72
(b) Total Offsets to Operating Expenditures (from Line 14)	1716.46	2337.20
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	162340.77	439532.52
8. Cash on Hand at Close of Reporting Period (from Line 27)	12047.05	
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)	324506.46	

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

JIM CARLIN FOR US SENATE

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).....	18606.00	81545.25
(ii) Unitemized.....	12772.49	52669.32
(iii) TOTAL of contributions from individuals ▶	31378.49	134214.57
(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))..	31378.49	134214.57
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	131000.00	324506.46
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	131000.00	324506.46
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	1716.46	2337.20
15. OTHER RECEIPTS (Dividends, Interest, etc.)	6.25	14.14
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	164101.20	461072.37

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.....	164057.23	441869.72
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	1.00	401.00
(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	401.00
21. OTHER DISBURSEMENTS	2574.77	5379.77
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	166633.00	447650.49

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14578.85
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	164101.20
25. SUBTOTAL (add Line 23 and Line 24).....	178680.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	166633.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12047.05

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 103
(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)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
BECKER, JULIE, , ,

Mailing Address P.O. BOX176

City DALLAS CENTER State IA Zip Code 50063

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 ▼ 400.00

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

Transaction ID : AAA5AD75CC46B4236825

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
ELLINGSON, SHARON, , ,

Mailing Address 5583 E CREEKSIDE LN

City BETTENDORF State IA Zip Code 52722

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 06 2026

Transaction ID : A283E41C0B8624E8BA59

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 10845 NE 78TH CT

City BONDURANT State IA Zip Code 50035-1309

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 ▼ 3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 08 2026

Transaction ID : A500DAD44435047D28EA

Amount of Each Receipt this Period
3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3850.00

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: PAGE 6 OF 103
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
GARBE, RICHARD, , ,

Mailing Address 1318 S IRENE ST

City SIOUX CITY State IA Zip Code 51106-1535

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 ▼ 900.00

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

Transaction ID : AC41A42A5CF5E4062A8C

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GARBE, RICHARD, , ,

Mailing Address 1318 S IRENE ST

City SIOUX CITY State IA Zip Code 51106-1535

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 08 / 2026

Transaction ID : AF3A4F70D51D944CC995

Amount of Each Receipt this Period
100.00

Memo Item

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

Mailing Address 4791 ROLLING ACRES RD

City CENTER POINT State IA Zip Code 52213-9270

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 ▼ 5000.00

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

Transaction ID : ADE08072B38AA478ABB7

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5200.00

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: PAGE 7 OF 103
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
KELLY, BRENDA, , ,

Mailing Address 4791 ROLLING ACRES RD

City: CENTER POINT State: IA Zip Code: 52213-9270

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 ▼
5000.00

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

Transaction ID : A2BD9467969064E40984

Amount of Each Receipt this Period
- 1500.00

Memo Item
REDESIGNATION FROM

B. Full Name (Last, First, Middle Initial)
KELLY, BRENDA, , ,

Mailing Address 4791 ROLLING ACRES RD

City: CENTER POINT State: IA Zip Code: 52213-9270

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 ▼
5000.00

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

Transaction ID : AF455CEABCA5B4A228D2

Amount of Each Receipt this Period
1500.00

Memo Item
REDESIGNATION TO

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

Mailing Address 4791 ROLLING ACRES RD

City: CENTER POINT State: IA Zip Code: 52213-9270

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 ▼
5000.00

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

Transaction ID : A2B72A7E10525483BA45

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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 8 OF 103	
	<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)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
KELLY, CHRISTOPHER, , ,

Mailing Address 4791 ROLLING ACRES RD

City CENTER POINT	State IA	Zip Code 52213-9270
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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 : A5A6DFEBE128C4833A40

Amount of Each Receipt this Period

Memo Item
 REDESIGNATION FROM

B. Full Name (Last, First, Middle Initial)
KELLY, CHRISTOPHER, , ,

Mailing Address 4791 ROLLING ACRES RD

City CENTER POINT	State IA	Zip Code 52213-9270
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FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : AEC177BEBF488494BAF0

Amount of Each Receipt this Period

Memo Item
 REDESIGNATION TO

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

Mailing Address 27600 VIRGINIA COVE

City EXCELSIOR	State MN	Zip Code 55331
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FEC ID number of contributing federal political committee.

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
 / /

Transaction ID : A08F9750924514278B9C

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	<input type="text" value="3500.00"/>
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 9 OF 103
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
PAULS, SARAH, , ,

Mailing Address 628 W 6TH ST

City MONTICELLO State IA Zip Code 52310

FEC ID number of contributing federal political committee. C

Name of Employer UNEMPLOYED Occupation UNEMPLOYED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
356.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 02 / 2026

Transaction ID : A80F9A9C3634F410BAE1

Amount of Each Receipt this Period
356.00

Memo Item

B. Full Name (Last, First, Middle Initial)
TECH, TROY, , ,

Mailing Address 509 REDWOOD DR

City COUNCIL BLUFFS State IA Zip Code 51503-8612

FEC ID number of contributing federal political committee. C

Name of Employer VERIDIAN CREDIT UNION Occupation DBA

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
625.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 13 / 2026

Transaction ID : AF0C841DF08AA4DB1A7E

Amount of Each Receipt this Period
50.00

Memo Item

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

Mailing Address 509 REDWOOD DR

City COUNCIL BLUFFS State IA Zip Code 51503-8612

FEC ID number of contributing federal political committee. C

Name of Employer VERIDIAN CREDIT UNION Occupation DBA

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
675.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 13 / 2026

Transaction ID : AB3AFC3601A1F4F67A27

Amount of Each Receipt this Period
50.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 456.00

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: PAGE 10 OF 103
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
VON, DAVE & DEANNA, , ,
Mailing Address 1221 OAKEOOD DR

City PELLA State IA Zip Code 50219-1602

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 Y
 04 / 18 / 2026

Transaction ID : AA61396F1421E468DA4C

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
WEST, SUSAN, , ,
Mailing Address 107 2ND ST

City VAN HORNE State IA Zip Code 52346

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 Y
 04 / 30 / 2026

Transaction ID : A5CC585CA9A4B47F6944

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WIELAND, RENITA, , ,
Mailing Address 2104 215TH ST

City INDEPENDENCE State IA Zip Code 50644-9200

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 ▼
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 10 / 2026

Transaction ID : AF0764FC08B7C4172ABE

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	18606.00

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

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

FOR LINE NUMBER: PAGE 11 OF 103
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

Mailing Address 602 JACE ROAD

City SERGEANT BLUFF State IA Zip Code 51054-8804

FEC ID number of contributing federal political committee. **C** S6IA00249

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
243506.46

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 02 / 2026

Transaction ID : **A467109B6F8C74A839AE**

Amount of Each Receipt this Period
50000.00

Memo Item
LOAN FROM CANDIDATE

B. Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

Mailing Address 602 JACE ROAD

City SERGEANT BLUFF State IA Zip Code 51054-8804

FEC ID number of contributing federal political committee. **C** S6IA00249

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
268506.46

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

Transaction ID : **AAA82C316FFAA41DEAD9**

Amount of Each Receipt this Period
25000.00

Memo Item
LOAN FROM CANDIDATE

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

Mailing Address 602 JACE ROAD

City SERGEANT BLUFF State IA Zip Code 51054-8804

FEC ID number of contributing federal political committee. **C** S6IA00249

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
276506.46

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 24 / 2026

Transaction ID : **AE095BB5E4A794C86B07**

Amount of Each Receipt this Period
8000.00

Memo Item
LOAN FROM CANDIDATE

SUBTOTAL of Receipts This Page (optional)..... ▶ 83000.00

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: PAGE 12 OF 103
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

Mailing Address 602 JACE ROAD

City SERGEANT BLUFF State IA Zip Code 51054-8804

FEC ID number of contributing federal political committee. **C** S6IA00249

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
316506.46

Date of Receipt
 M M / D D / Y Y Y Y
 04 / 28 / 2026

Transaction ID : AA7D4894460724AE38D9

Amount of Each Receipt this Period
40000.00

Memo Item
LOAN FROM CANDIDATE

B. Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

Mailing Address 602 JACE ROAD

City SERGEANT BLUFF State IA Zip Code 51054-8804

FEC ID number of contributing federal political committee. **C** S6IA00249

Name of Employer SELF Occupation CANDIDATE

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
324506.46

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 12 / 2026

Transaction ID : A0AD9BFDC3F504D8ABC0

Amount of Each Receipt this Period
8000.00

Memo Item
LOAN FROM CANDIDATE

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	48000.00
TOTAL This Period (last page this line number only)..... ▶	131000.00

**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 13 OF 103	
<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
ENTERPRISE RENT A CAR

Mailing Address 600 CORPORATE PARK DR

City SAINT LOUIS	State MO	Zip Code 63105-4204
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FEC ID number of contributing federal political committee. **C**

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 05 / 2026

Transaction ID : AB1208F3FC7A54577992

Amount of Each Receipt this Period
300.00

Memo Item
TRAVEL REFUNDED

B. Full Name (Last, First, Middle Initial)
HOVSCO INC

Mailing Address 1081 GRAND AVE

City DIAMOND BAR	State CA	Zip Code 91765-2210
---------------------	-------------	------------------------

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

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

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
1416.46

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 10 / 2026

Transaction ID : A50A87A3414D240B19C5

Amount of Each Receipt this Period
1416.46

Memo Item
OFFICE SUPPLIES REFUNDED

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)..... ▶	1716.46
TOTAL This Period (last page this line number only)..... ▶	1716.46

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 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2026
Mailing Address 440 TERRY AVE N			FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109-5210	Amount of Each Disbursement this Period 41.72
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : B27143538FFEB43FF946
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. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2026
Mailing Address 440 TERRY AVE N			FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109-5210	Amount of Each Disbursement this Period 8.55
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : B7216B094C2F74D3281E
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. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2026
Mailing Address 440 TERRY AVE N			FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109-5210	Amount of Each Disbursement this Period 239.66
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : BB718C8E35141407DB74
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).....▶	289.93
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 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2026
Mailing Address 440 TERRY AVE N			FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109-5210	Amount of Each Disbursement this Period 119.83
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : BE86E4EF500554AA28E8
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. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2026
Mailing Address 440 TERRY AVE N			FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109-5210	Amount of Each Disbursement this Period 9.62
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : BE72D1CDF54D44E10B6C
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. AMAZON			Date of Disbursement M M / D D / Y Y Y Y 04 / 14 / 2026
Mailing Address 440 TERRY AVE N			FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109-5210	Amount of Each Disbursement this Period 21.39
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : B3C97EB037F9342F0B87
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).....▶	150.84
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 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026
Mailing Address 440 TERRY AVE N		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109-5210
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 49.09
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 : B4F3165138545424C9A2
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2026
Mailing Address 440 TERRY AVE N		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109-5210
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 41.70
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 : B217CFD9699364C5D80A
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ANEDOT		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2026
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-5204
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 189.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B84378C8F38224CCAA81
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	280.29
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 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. ANEDOT		Date of Disbursement MM / DD / YYYY 05 / 13 / 2026
Mailing Address 1340 POYDRAS ST STE 1770		FEC Identification Number C
City NEW ORLEANS	State LA	Zip Code 70112-5204
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 47.55	
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 : BCFCD836FB0854CAC9B6
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. BEST WESTERN		Date of Disbursement MM / DD / YYYY 04 / 13 / 2026
Mailing Address 6201 N 24TH PKWY		FEC Identification Number C
City PHOENIX	State AZ	Zip Code 85016-2023
Purpose of Disbursement LODGING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 206.31	
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 : BEB4147884C5E43BBADC
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. BORDERS, ANN, , ,		Date of Disbursement MM / DD / YYYY 04 / 22 / 2026
Mailing Address 5728 SUNNYBROOK DR		FEC Identification Number C
City SIOUX CITY	State IA	Zip Code 51106-4249
Purpose of Disbursement MILEAGE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 267.00	
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 : BA6659ED612C34D2AA5A
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	520.86
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 103			
	<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)
JIM CARLIN FOR US SENATE

A. BPM MARKETING LLC

Full Name (Last, First, Middle Initial)
Mailing Address 557 OAK ST

City PORT MONMOUTH State NJ Zip Code 07758-1251

Purpose of Disbursement DIGITAL ADVERTISING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 13 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 4171.14

Transaction ID : BEBCA853F8EB7493189A

Memo Item

B. BPM MARKETING LLC

Full Name (Last, First, Middle Initial)
Mailing Address 557 OAK ST

City PORT MONMOUTH State NJ Zip Code 07758-1251

Purpose of Disbursement DIGITAL ADVERTISING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 27 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 4171.14

Transaction ID : B024068F2FCE240BC881

Memo Item

C. BPM MARKETING LLC

Full Name (Last, First, Middle Initial)
Mailing Address 557 OAK ST

City PORT MONMOUTH State NJ Zip Code 07758-1251

Purpose of Disbursement DIGITAL ADVERTISING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 30 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 65000.00

Transaction ID : B2BFEE9EF6AF94B7DAE7

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 73342.28

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 103			
	<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)
JIM CARLIN FOR US SENATE

A. CANVA

Full Name (Last, First, Middle Initial)

Mailing Address 3212 E CESAR CHAVEZ ST
BLDG 1

City AUSTIN State TX Zip Code 78702-4938

Purpose of Disbursement OFFICE SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 13 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 21.40

Transaction ID : B4736D22816884CA7B9C

Memo Item

B. CANVA

Full Name (Last, First, Middle Initial)

Mailing Address 3212 E CESAR CHAVEZ ST
BLDG 1

City AUSTIN State TX Zip Code 78702-4938

Purpose of Disbursement OFFICE SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 13 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 21.40

Transaction ID : BDC2EE7CCF6DA4452874

Memo Item

C. CASEY'S

Full Name (Last, First, Middle Initial)

Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021-9672

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 10 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 54.36

Transaction ID : B554B4A9AEFE84A25B18

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 97.16

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 103			
	<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)
JIM CARLIN FOR US SENATE

A. CASEY'S

Full Name (Last, First, Middle Initial)
Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021-9672

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 13 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 54.21

Transaction ID : B29D9323C54934BCDB0C

Memo Item

B. CASEY'S

Full Name (Last, First, Middle Initial)
Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021-9672

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 20 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 77.46

Transaction ID : B2F2F8D496BCC471B9DB

Memo Item

C. CASEY'S

Full Name (Last, First, Middle Initial)
Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021-9672

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 26.30

Transaction ID : BECF7E819DAC24BB4A68

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 157.97

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 21 OF 103	
	<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)
JIM CARLIN FOR US SENATE

A. CASEY'S

Full Name (Last, First, Middle Initial)
Mailing Address 1 SE CONVENIENCE BLVD

City ANKENY State IA Zip Code 50021-9672

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 05 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 85.53

Transaction ID : B6458DA05502E4F39B4B

Memo Item

B. CASTALDO, RICH, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 5728 SUNNYBROOK DR

City SIOUX CITY State IA Zip Code 51106-4249

Purpose of Disbursement CAMPAIGN CONSULTING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 25000.00

Transaction ID : BFF19C28077E445E8A16

Memo Item

C. COPARANIS, DALE, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 2001 OKLAHOMA AVE

City DAVENPORT State IA Zip Code 52804-4618

Purpose of Disbursement PRINTING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 05 / 12 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 393.60

Transaction ID : BD405D8B8607D4806A3E

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 25479.13

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 22 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. DYNES DESIGN		Date of Disbursement MM / DD / YYYY 04 / 01 / 2026
Mailing Address 1805 HARDING CT		FEC Identification Number C
City BETTENDORF	State IA	Zip Code 52722-3930
Purpose of Disbursement PRINTING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 5718.87	
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 : B31EAD8BFB0D649D4809
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. DYNES DESIGN		Date of Disbursement MM / DD / YYYY 04 / 29 / 2026
Mailing Address 1805 HARDING CT		FEC Identification Number C
City BETTENDORF	State IA	Zip Code 52722-3930
Purpose of Disbursement PRINTING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 969.02	
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 : B173CC580F5F84E6D814
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ENTERPRISE RENT A CAR		Date of Disbursement MM / DD / YYYY 05 / 04 / 2026
Mailing Address 600 CORPORATE PARK DR		FEC Identification Number C
City SAINT LOUIS	State MO	Zip Code 63105-4204
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 512.90	
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 : BE74FFE48382A45FB81E
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	7200.79
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 23 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026	
Mailing Address 1 HACKER WAY			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025-1455	Amount of Each Disbursement this Period 11.87	
Purpose of Disbursement ADS		Category/ Type 001	Transaction ID : BF60072CD5DD64C13868	
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. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 04 / 06 / 2026	
Mailing Address 1 HACKER WAY			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025-1455	Amount of Each Disbursement this Period 21.60	
Purpose of Disbursement ADS		Category/ Type 001	Transaction ID : B133E50766DAF4359A4C	
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. FACEBOOK			Date of Disbursement M M / D D / Y Y Y Y 04 / 07 / 2026	
Mailing Address 1 HACKER WAY			FEC Identification Number C	
City MENLO PARK	State CA	Zip Code 94025-1455	Amount of Each Disbursement this Period 26.95	
Purpose of Disbursement ADS		Category/ Type 001	Transaction ID : BD5986DF3ED66429391A	
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).....▶	60.42
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 24 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)
A. FACEBOOK

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025-1455

Purpose of Disbursement ADS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 08 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 21.16

Transaction ID : BC83B2A84D11248248CE

Memo Item

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

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025-1455

Purpose of Disbursement ADS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 13 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 61.00

Transaction ID : BA8AABC011FA64F90AD9

Memo Item

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

Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025-1455

Purpose of Disbursement ADS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 14 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 61.00

Transaction ID : B16E859B783594E0EA18

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 143.16

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 25 OF 103			
	<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)
JIM CARLIN FOR US SENATE

A. FACEBOOK

Full Name (Last, First, Middle Initial)
Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025-1455

Purpose of Disbursement ADS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 04 / 20 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 28.13

Transaction ID : B672926D750C447ADA9C

Memo Item

B. FACEBOOK

Full Name (Last, First, Middle Initial)
Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025-1455

Purpose of Disbursement ADS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 04 / 27 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 61.00

Transaction ID : B9C8DD30D22C84C58BBF

Memo Item

C. FACEBOOK

Full Name (Last, First, Middle Initial)
Mailing Address 1 HACKER WAY

City MENLO PARK State CA Zip Code 94025-1455

Purpose of Disbursement ADS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 04 / 30 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 61.00

Transaction ID : BFDA4CF66F486467E96E

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 150.13

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 26 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 1 HACKER WAY		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025-1455
Purpose of Disbursement ADS	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 61.00	
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 : B70FFADF2C2114C03908
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2026
Mailing Address 1 HACKER WAY		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025-1455
Purpose of Disbursement ADS	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 60.63	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB546AB82814646A5B75
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. FACEBOOK		Date of Disbursement M M / D D / Y Y Y Y 05 / 11 / 2026
Mailing Address 1 HACKER WAY		FEC Identification Number C
City MENLO PARK	State CA	Zip Code 94025-1455
Purpose of Disbursement ADS	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 61.00	
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 : B677AA051A88C4E67869
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	182.63
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. FLEET FARM			Date of Disbursement MM / DD / YYYY 04 / 09 / 2026
Mailing Address 2401 S MEMORIAL DR			FEC Identification Number C
City APPLETON	State WI	Zip Code 54915-1429	Amount of Each Disbursement this Period 67.41
Purpose of Disbursement TRAVEL		Category/Type 001	Transaction ID : B0BD2DB8D4DBF44A4B10
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. FLEET FARM			Date of Disbursement MM / DD / YYYY 04 / 24 / 2026
Mailing Address 2401 S MEMORIAL DR			FEC Identification Number C
City APPLETON	State WI	Zip Code 54915-1429	Amount of Each Disbursement this Period 67.71
Purpose of Disbursement TRAVEL		Category/Type 001	Transaction ID : B7E58F9DFB3CF4769944
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. FLEET FARM			Date of Disbursement MM / DD / YYYY 05 / 04 / 2026
Mailing Address 2401 S MEMORIAL DR			FEC Identification Number C
City APPLETON	State WI	Zip Code 54915-1429	Amount of Each Disbursement this Period 64.67
Purpose of Disbursement TRAVEL		Category/Type 001	Transaction ID : B3797A7EDEA894E19828
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).....▶	199.79
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 28 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. FLEET FARM			Date of Disbursement MM / DD / YYYY 05 / 06 / 2026
Mailing Address 2401 S MEMORIAL DR			FEC Identification Number C
City APPLETON	State WI	Zip Code 54915-1429	Amount of Each Disbursement this Period 66.54
Purpose of Disbursement TRAVEL		Category/Type 001	Transaction ID : B9C64FBC1032F4A54BAC
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. FLEET FARM			Date of Disbursement MM / DD / YYYY 05 / 11 / 2026
Mailing Address 2401 S MEMORIAL DR			FEC Identification Number C
City APPLETON	State WI	Zip Code 54915-1429	Amount of Each Disbursement this Period 88.75
Purpose of Disbursement TRAVEL		Category/Type 001	Transaction ID : BEE9C61CE35C841D7953
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. FREEDOM BLEND COFFEE			Date of Disbursement MM / DD / YYYY 04 / 27 / 2026
Mailing Address 2329 HICKMAN RD			FEC Identification Number C
City DES MOINES	State IA	Zip Code 50310-6126	Amount of Each Disbursement this Period 132.50
Purpose of Disbursement FOOD AND BEVERAGE		Category/Type 001	Transaction ID : B204DFACDDE44421E9D9
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).....▶	287.79
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 29 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. GO EVENTS 101		Date of Disbursement MM / DD / YYYY 04 / 16 / 2026
Mailing Address 13265 253RD AVE		FEC Identification Number C
City ORLEANS	State IA	Zip Code 51360-7152
Purpose of Disbursement CAMPAIGN SERVICES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 175.50	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B82E5E7F3E13A49398E2
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. GO EVENTS 101		Date of Disbursement MM / DD / YYYY 04 / 20 / 2026
Mailing Address 13265 253RD AVE		FEC Identification Number C
City ORLEANS	State IA	Zip Code 51360-7152
Purpose of Disbursement CAMPAIGN SERVICES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 225.00	
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 : B0EE1B97CE4794595B4A
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HALL, JACOB, , ,		Date of Disbursement MM / DD / YYYY 04 / 24 / 2026
Mailing Address 5728 SUNNYBROOK DR		FEC Identification Number C
City SIOUX CITY	State IA	Zip Code 51106-4249
Purpose of Disbursement CAMPAIGN CONSULTING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 500.00	
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 : BA8D287D929A243BAA44
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	900.50
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 30 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. HEYWOOD, DAVE, , ,			Date of Disbursement MM / DD / YYYY 05 / 05 / 2026	
Mailing Address 5728 SUNNYBROOK DR			FEC Identification Number C	
City SIOUX CITY	State IA	Zip Code 51106-4249	Amount of Each Disbursement this Period 530.00	
Purpose of Disbursement CAMPAIGN CONSULTING		Category/ Type 001	Transaction ID : BF9960B5D98134A98B46	
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. HILTON HOTELS			Date of Disbursement MM / DD / YYYY 04 / 10 / 2026	
Mailing Address 7930 JONES BRANCH DR			FEC Identification Number C	
City MCLEAN	State VA	Zip Code 22102-3388	Amount of Each Disbursement this Period 83.85	
Purpose of Disbursement LODGING		Category/ Type 001	Transaction ID : B962B0A52D942434B91E	
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. HILTON HOTELS			Date of Disbursement MM / DD / YYYY 04 / 10 / 2026	
Mailing Address 7930 JONES BRANCH DR			FEC Identification Number C	
City MCLEAN	State VA	Zip Code 22102-3388	Amount of Each Disbursement this Period 1.00	
Purpose of Disbursement LODGING		Category/ Type 001	Transaction ID : BB0FD57B338F043C68B9	
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).....▶	614.85
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 31 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. HOVSCO INC		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2026
Mailing Address 1081 GRAND AVE		FEC Identification Number C
City DIAMOND BAR	State CA	Zip Code 91765-2210
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 1389.93	
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 : BADFF695F9F7E444395D
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HOVSCO INC		Date of Disbursement M M / D D / Y Y Y Y 04 / 08 / 2026
Mailing Address 1081 GRAND AVE		FEC Identification Number C
City DIAMOND BAR	State CA	Zip Code 91765-2210
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 1416.46	
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 : BC41603E95FEB4AEEAC6
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HOVSCO INC		Date of Disbursement M M / D D / Y Y Y Y 04 / 20 / 2026
Mailing Address 1081 GRAND AVE		FEC Identification Number C
City DIAMOND BAR	State CA	Zip Code 91765-2210
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 1389.93	
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 : B4D3A9AB58FD440D8AF3
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	4196.32
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 32 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. HYVEE		Date of Disbursement MM / DD / YYYY 04 / 01 / 2026
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 18.88
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 : B5754BB7387C844E2A3F
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HYVEE		Date of Disbursement MM / DD / YYYY 04 / 02 / 2026
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 23.85
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 : BBD02FABDB1D94D48BD7
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HYVEE		Date of Disbursement MM / DD / YYYY 04 / 06 / 2026
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 26.30
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 : B350B54E93D9448BF9A1
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	69.03
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 33 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. HYVEE			Date of Disbursement MM / DD / YYYY 04 / 07 / 2026
Mailing Address 5820 WESTOWN PKWY			FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223	Amount of Each Disbursement this Period 24.45
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : BFDC9021275FB46FEB3E
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. HYVEE			Date of Disbursement MM / DD / YYYY 04 / 21 / 2026
Mailing Address 5820 WESTOWN PKWY			FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223	Amount of Each Disbursement this Period 41.60
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : B8483E6AF402D495782D
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. HYVEE			Date of Disbursement MM / DD / YYYY 05 / 04 / 2026
Mailing Address 5820 WESTOWN PKWY			FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223	Amount of Each Disbursement this Period 29.95
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : B3CCFE559800041F3B06
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).....▶	96.00
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 34 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. HYVEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 06 / 2026
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 44.85
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 : B358A99771542419AAD7
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HYVEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2026
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 15.40
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 : B854A2B0BA7D34E58A49
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HYVEE		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2026
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 39.40
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 : BEAF9D69F38564571BE9
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	99.65
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 35 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. HYVEE		Date of Disbursement MM / DD / YYYY 05 / 13 / 2026
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 30.80
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 : BB9ED01D9C19D48E7B3F
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement MM / DD / YYYY 04 / 02 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 120.91
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 : BB4218A345A1643578FC
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement MM / DD / YYYY 04 / 03 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL WAGES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1021.53
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 : B0B6827E593734FF5BD2
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1173.24
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 36 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement MM / DD / YYYY 04 / 03 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 447.23
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 : BCDDD5922755A48BFBFC
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement MM / DD / YYYY 04 / 03 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 32.32
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 : B65C46471BD9B462D9B9
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement MM / DD / YYYY 04 / 10 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 32.32
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 : B4ED9655B0B26414193A
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	511.87
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 37 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 447.23
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 : B9FCD075C53E14DEFA45
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL WAGES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1021.53
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 : B9FB939633B664971967
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 04 / 17 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL WAGES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1021.53
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 : B7D618EE0304F42D88EC
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2490.29
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 38 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL TAXES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 17 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 457.93

Transaction ID : B43C2C9B42DC84B65AA3

Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 17 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 96.97

Transaction ID : B698CB755ABE440F1969

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL TAXES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 24 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 452.57

Transaction ID : B9730C58F0D3845A2ACE

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1007.47

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 40 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 01 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 96.96

Transaction ID : B94C644A7CBFF4F9692C

Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL WAGES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 01 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 1021.53

Transaction ID : B140EA9539CA64B12BE3

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL TAXES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 01 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 467.13

Transaction ID : B9BA65502A6E34697A7A

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1585.62

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 41 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 141.78
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 : BCD485B1B19514525925
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL WAGES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1021.53
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 : BF15CA282BFDE4EBA87B
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 05 / 08 / 2026
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL INSURANCE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 83.11
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 : BF20BD7294B6E4D78935
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1246.42
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 42 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)
A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL TAXES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 08 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 471.71

Transaction ID : B9C638F6CEA22415FB60

Memo Item

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

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 08 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 96.97

Transaction ID : B2E04FF318970425986E

Memo Item

Full Name (Last, First, Middle Initial)
C. J53 PRODUCTIONS

Mailing Address 3425 E LOCUST ST STE 201

City DAVENPORT State IA Zip Code 52803-3573

Purpose of Disbursement VIDEO PRODUCTION Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 12 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 1475.00

Transaction ID : B2A72EA53C5784536B30

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2043.68

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 43 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. K. JOHNSON STUDIO			Date of Disbursement M M / D D / Y Y Y Y 04 / 13 / 2026		
Mailing Address 4612 URBANDALE AVE			FEC Identification Number C		
City DES MOINES	State IA	Zip Code 50310-3562	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement PHOTOGRAPHY		Category/ Type 001	Transaction ID : BA114E00C70794E9E83C		
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. K. JOHNSON STUDIO			Date of Disbursement M M / D D / Y Y Y Y 05 / 05 / 2026		
Mailing Address 4612 URBANDALE AVE			FEC Identification Number C		
City DES MOINES	State IA	Zip Code 50310-3562	Amount of Each Disbursement this Period 3000.00		
Purpose of Disbursement PHOTOGRAPHY		Category/ Type 001	Transaction ID : B8284A8D7CD9E4589A5A		
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. KWIK STAR			Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2026		
Mailing Address 1626 OAK ST			FEC Identification Number C		
City LA CROSSE	State WI	Zip Code 54603-2308	Amount of Each Disbursement this Period 61.54		
Purpose of Disbursement TRAVEL		Category/ Type 001	Transaction ID : B4B2E264D272F40B9ADA		
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).....▶	6061.54
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 44 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. KWIK STAR		Date of Disbursement M M / D D / Y Y Y Y 04 / 15 / 2026
Mailing Address 1626 OAK ST		FEC Identification Number C
City LA CROSSE	State WI	Zip Code 54603-2308
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 64.12
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. KWIK STAR		Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2026
Mailing Address 1626 OAK ST		FEC Identification Number C
City LA CROSSE	State WI	Zip Code 54603-2308
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 75.91
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. KWIK STAR		Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026
Mailing Address 1626 OAK ST		FEC Identification Number C
City LA CROSSE	State WI	Zip Code 54603-2308
Purpose of Disbursement TRAVEL	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 15.00
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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	155.03
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 45 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. KWIK STAR		Date of Disbursement MM / DD / YYYY 05 / 06 / 2026
Mailing Address 1626 OAK ST		FEC Identification Number C
City LA CROSSE	State WI	Zip Code 54603-2308
Purpose of Disbursement TRAVEL	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 30.02	
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 : BAD465B166C9148139F5
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. LOGICAL DECORUM CAPITAL STRATEGIES		Date of Disbursement MM / DD / YYYY 04 / 22 / 2026
Mailing Address 1025 CONNECTICUT AVE NW STE 1000		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20036-5417
Purpose of Disbursement CAMPAIGN CONSULTING	Category/Type 001	
Candidate Name	Amount of Each Disbursement this Period 2500.00	
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 : B06D1106CB1D8499FA45
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. LUNIA DESIGN LLC		Date of Disbursement MM / DD / YYYY 05 / 11 / 2026
Mailing Address 18047 BEACH BLVD		FEC Identification Number C
City HUNTINGTON BEACH	State CA	Zip Code 92648-1304
Purpose of Disbursement OFFICE SUBSCRIPTIONS	Category/Type 001	
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: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B67B42FDFB105429CBA1
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2880.02
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 46 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE
STE 5000

City ATLANTA State GA Zip Code 30308-2172

Purpose of Disbursement OFFICE SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 03 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 64.20

Transaction ID : B7BD3EE73A3CF4D79A74

Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMP

Mailing Address 675 PONCE DE LEON AVE NE
STE 5000

City ATLANTA State GA Zip Code 30308-2172

Purpose of Disbursement OFFICE SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 04 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 77.58

Transaction ID : B6BD6E2728D004E37B8B

Memo Item

Full Name (Last, First, Middle Initial)

C. MUDD, INC.

Mailing Address 915 TECHNOLOGY PKWY

City CEDAR FALLS State IA Zip Code 50613-6938

Purpose of Disbursement ADVERTISING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 24 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 2500.00

Transaction ID : B83DA910C96E845BEB69

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2641.78

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 47 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. MUDD, INC.		Date of Disbursement MM / DD / YYYY 05 / 13 / 2026
Mailing Address 915 TECHNOLOGY PKWY		FEC Identification Number C
City CEDAR FALLS	State IA	Zip Code 50613-6938
Purpose of Disbursement ADVERTISING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 20700.00
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 : B1D719F45DD4F4184A2C
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PIZZA RANCH		Date of Disbursement MM / DD / YYYY 04 / 20 / 2026
Mailing Address 204 19TH ST SE		FEC Identification Number C
City ORANGE CITY	State IA	Zip Code 51041-4400
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 137.34
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 : B7D05DD13AD85405A952
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. PIZZA RANCH		Date of Disbursement MM / DD / YYYY 05 / 06 / 2026
Mailing Address 204 19TH ST SE		FEC Identification Number C
City ORANGE CITY	State IA	Zip Code 51041-4400
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 59.36
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 : B7929BF2EF8F64B91A15
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	20896.70
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 48 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. REVEL URBANDALE			Date of Disbursement M M / D D / Y Y Y Y 05 / 04 / 2026		
Mailing Address 11211 HICKMAN RD			FEC Identification Number C		
City URBANDALE	State IA	Zip Code 50322-3743	Amount of Each Disbursement this Period 212.87		
Purpose of Disbursement OFFICE SUBSCRIPTIONS		Category/ Type 001	Transaction ID : B02AA4FDAC4FE4270BB0		
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. SHERWEB			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026		
Mailing Address 2915 OGLETOWN ROAD			FEC Identification Number C		
City NEWARK	State DE	Zip Code 19713-1927	Amount of Each Disbursement this Period 0.85		
Purpose of Disbursement OFFICE SUBSCRIPTIONS		Category/ Type 001	Transaction ID : BAD06AC50A69846B787B		
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. SHERWEB			Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2026		
Mailing Address 2915 OGLETOWN ROAD			FEC Identification Number C		
City NEWARK	State DE	Zip Code 19713-1927	Amount of Each Disbursement this Period 146.00		
Purpose of Disbursement OFFICE SUBSCRIPTIONS		Category/ Type 001	Transaction ID : BCA088E2858E54533B10		
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).....▶	359.72
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 49 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. THE BREW COFFEEHOUSE		Date of Disbursement MM / DD / YYYY 04 / 15 / 2026
Mailing Address 626 FRANKLIN ST		FEC Identification Number C
City PELLA	State IA	Zip Code 50219-1618
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 218.28
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 : BF06A337B0E484BD8A81
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. THE IOWA STANDARD		Date of Disbursement MM / DD / YYYY 04 / 13 / 2026
Mailing Address PO BOX 112		FEC Identification Number C
City SIOUX CENTER	State IA	Zip Code 51250-0112
Purpose of Disbursement PRINT ADS	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 400.00
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 : B6CD7456C775F406786F
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. THE LAKES NEWS SHOPPER		Date of Disbursement MM / DD / YYYY 05 / 06 / 2026
Mailing Address 1009 22ND ST		FEC Identification Number C
City MILFORD	State IA	Zip Code 51351-1290
Purpose of Disbursement PRINT ADS	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 689.43
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 : B9D3808154B594BBBB5F
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1307.71
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 50 OF 103	
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)
A. THE LAKES NEWS SHOPPER

Mailing Address 1009 22ND ST

City MILFORD State IA Zip Code 51351-1290

Purpose of Disbursement PRINT ADS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement 05 / 12 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 351.00

Transaction ID : B67A19E7F400F455391F

Memo Item

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

Mailing Address 475 LENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260-0001

Purpose of Disbursement SHIPPING AND POSTAGE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement 04 / 03 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 58.90

Transaction ID : B97E91C03E4534EB1BB6

Memo Item

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

Mailing Address 475 LENFANT PLZ SW

City WASHINGTON State DC Zip Code 20260-0001

Purpose of Disbursement SHIPPING AND POSTAGE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement 04 / 10 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 25.05

Transaction ID : BB14938662BBA453586E

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 434.95

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 51 OF 103	
	<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)
JIM CARLIN FOR US SENATE

A. VOTTIV CAMPAIGNS

Full Name (Last, First, Middle Initial)
Mailing Address 5005 N UNIVERSITY AVE

City PROVO State UT Zip Code 84604-6198

Purpose of Disbursement OFFICE SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 16 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : B59715FEC76A94349B3E

Memo Item

B. VOTTIV CAMPAIGNS

Full Name (Last, First, Middle Initial)
Mailing Address 5005 N UNIVERSITY AVE

City PROVO State UT Zip Code 84604-6198

Purpose of Disbursement OFFICE SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 20 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : BE5EF428770B649F1B1C

Memo Item

C. VOTTIV CAMPAIGNS

Full Name (Last, First, Middle Initial)
Mailing Address 5005 N UNIVERSITY AVE

City PROVO State UT Zip Code 84604-6198

Purpose of Disbursement OFFICE SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 29 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 500.00

Transaction ID : B2909B3C1EEA44B559C9

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1500.00

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 52 OF 103	
	<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)
JIM CARLIN FOR US SENATE

A. VOTTIV CAMPAIGNS

Full Name (Last, First, Middle Initial)
Mailing Address 5005 N UNIVERSITY AVE

City PROVO State UT Zip Code 84604-6198

Purpose of Disbursement OFFICE SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 04 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 500.00

Transaction ID : BC82C6B2CBB2C414AA34

Memo Item

B. VOTTIV CAMPAIGNS

Full Name (Last, First, Middle Initial)
Mailing Address 5005 N UNIVERSITY AVE

City PROVO State UT Zip Code 84604-6198

Purpose of Disbursement OFFICE SUBSCRIPTIONS Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 05 / 11 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 500.00

Transaction ID : B008E69CAC1CC4DBFA28

Memo Item

C. WALMART

Full Name (Last, First, Middle Initial)
Mailing Address 702 SW 8TH ST

City BENTONVILLE State AR Zip Code 72716-6209

Purpose of Disbursement OFFICE SUPPLIES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 02 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 40.23

Transaction ID : BAEA83763560D43468E7

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1040.23

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 53 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. WALMART			Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2026
Mailing Address 702 SW 8TH ST			FEC Identification Number C
City BENTONVILLE	State AR	Zip Code 72716-6209	Amount of Each Disbursement this Period 21.51
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : B4E079358943145C1AC2
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. WALMART			Date of Disbursement M M / D D / Y Y Y Y 05 / 12 / 2026
Mailing Address 702 SW 8TH ST			FEC Identification Number C
City BENTONVILLE	State AR	Zip Code 72716-6209	Amount of Each Disbursement this Period 11.60
Purpose of Disbursement OFFICE SUPPLIES		Category/ Type 001	Transaction ID : BE31B3A06C198494EAC6
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.			Date of Disbursement M M / D D / Y Y Y Y
Mailing Address			FEC Identification Number C
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	33.11
TOTAL This Period (last page this line number only).....▶	163030.49

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
PAGE 54 OF 103

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)
A. IOWA FAITH AND FREEDOM COALITION

Mailing Address 939 OFFICE PARK RD
STE 115

City WEST DES MOINES State IA Zip Code 50265-2505

Purpose of Disbursement DONATION Category/Type 012

Candidate Name

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

State: District:

Date of Disbursement 05 / 04 / 2026

FEC Identification Number C

Amount of Each Disbursement this Period 315.00

Transaction ID : B16C8EA8493B6423094D

Memo Item

Full Name (Last, First, Middle Initial)
B. REPUBLICAN PARTY OF IOWA

Mailing Address 621 E 9TH ST

City DES MOINES State IA Zip Code 50309-5505

Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type 011

Candidate Name REPUBLICAN PARTY OF IOWA

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 02 / 2026

FEC Identification Number C C00014498

Amount of Each Disbursement this Period 1301.27

Transaction ID : B30A3DA6B4ADB402B82C

Memo Item

Full Name (Last, First, Middle Initial)
C. REPUBLICAN PARTY OF IOWA

Mailing Address 621 E 9TH ST

City DES MOINES State IA Zip Code 50309-5505

Purpose of Disbursement POLITICAL CONTRIBUTION Category/Type 011

Candidate Name REPUBLICAN PARTY OF IOWA

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 04 / 16 / 2026

FEC Identification Number C C00014498

Amount of Each Disbursement this Period 400.00

Transaction ID : B6E682B19292A4D388DB

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2016.27

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 55 OF 103			
	<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)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. SIOUX CITY EXPLORERS		Date of Disbursement M M / D D / Y Y Y Y 05 / 13 / 2026
Mailing Address 3400 LINE DR		FEC Identification Number C
City SIOUX CITY	State IA	Zip Code 51106-5105
Purpose of Disbursement DONATION	Category/Type 012	
Candidate Name	Amount of Each Disbursement this Period 450.00	
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) ▼	
State: District:	Transaction ID : B5D870CEA209D47F4823	
		<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) ▼	
State: District:	Memo Item	

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) ▼	
State: District:	Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	2466.27

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : C6EF9CB30FA6843E8990
JIM CARLIN FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 400.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 400.00
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TERMS Date Incurred M M / D D / Y Y Y Y 04 / 18 / 2025	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="400.00"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CF42215AFC43F43E0BAC**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 12 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	3000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C042CCDFC208B48B299D

JIM CARLIN FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2026

Primary
 General
 Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address
602 JACE ROAD

City
SERGEANT BLUFF

State
IA

ZIP Code
51054-8804

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

05 / 27 / 2025

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).....▶

1000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CA3F91AF53CEC4D52857**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5200.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5200.00
------------------------------------	------------------------------------	--

TERMS Date Incurred M M / D D / Y Y Y Y 03 / 31 / 2026	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="5200.00"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C1450C884277542E5B0D**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2026	M M / D D / Y Y Y Y NONE	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).....▶	2000.00
TOTALS This Period (last page in this line only).....▶	_____

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C6DD34788E67A4B9BAF7**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 31 / 2026	NONE	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).....▶	1000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CB5F303FB01014A93B21**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22000.00	0.00	22000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 03 / 2025	NONE	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).....▶	22000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CE5FC3ED2F7104F05AA9**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 31 / 2026	NONE	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).....▶	7000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CA7D4894460724AE38D9**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	04 / 28 / 2026	NONE	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).....▶	40000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CEB34E412F2D2494BBBC**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 21 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	1000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C518E4F9BE26E4F5FAB1**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3695.00	0.00	3695.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 27 / 2025	NONE	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).....▶	3695.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C7098BC5A7322472B9FF

JIM CARLIN FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2026

Primary
 General
 Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address
602 JACE ROAD

City
SERGEANT BLUFF

State
IA

ZIP Code
51054-8804

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

6671.71

0.00

6671.71

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

07 / 28 / 2025

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).....▶

6671.71

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CC3E8BBBB13A849ED995**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2026	M M / D D / Y Y Y Y NONE	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).....▶	3000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C68101F2CA99B4DD4BFD**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
7000.00	0.00	7000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2026	M M / D D / Y Y Y Y NONE	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	7000.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C404D0BA673BB4D81937**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2026	M M / D D / Y Y Y Y NONE	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	500.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C56A68314102E424E81F**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 15 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	3000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CDE78CA23D5904A6599D**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 23 / 2025	NONE	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).....▶	300.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CBA4005D11C6E4052872**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5521.75	0.00	5521.75

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	05 / 16 / 2025	NONE	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).....▶	5521.75
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : CC2FB74FA3EB14FABBCF
JIM CARLIN FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
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TERMS Date Incurred M M / D D / Y Y Y Y 06 / 03 / 2025	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	100.00
TOTALS This Period (last page in this line only)▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : C0AD9BFDC3F504D8ABC0
JIM CARLIN FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 8000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 8000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 05 / 12 / 2026	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	8000.00
TOTALS This Period (last page in this line only)▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CE79602DFBE844EBA985**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	04 / 25 / 2025	NONE	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).....▶	1000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C381292AC93794F47AA7**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 31 / 2026	NONE	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).....▶	3000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : C2BF AA98E6C5A456A84C
JIM CARLIN FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 5000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5000.00
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TERMS Date Incurred M M / D D / Y Y Y Y 04 / 10 / 2025	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	5000.00
TOTALS This Period (last page in this line only)▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C9550677949FB400EB61**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2600.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2600.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 29 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	[] 2600.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C3A15995CCE19408D98D**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1100.00	0.00	1100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 23 / 2025	M M / D D / Y Y Y Y NONE	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	1100.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CFFCDA7A93E344975A4E**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 09 / 2025	M M / D D / Y Y Y Y NONE	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="3500.00"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : CAB8744E0A404C219D7

JIM CARLIN FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial)

Memo Item

Election: 2026

Primary
 General
 Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address
602 JACE ROAD

City
SERGEANT BLUFF

State
IA

ZIP Code
51054-8804

Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

3500.00

0.00

3500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

04 / 03 / 2025

NONE

% (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).....▶

3500.00

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C57F64E07DA7247CC83F**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1700.00	0.00	1700.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 23 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	1700.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CB743802B6B7F4298BD5**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 25 / 2025	NONE	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).....▶	500.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C59BD83A0934141D0A78**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6600.00	0.00	6600.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 13 / 2025	NONE	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).....▶	6600.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C6131DD3B772F40698A1**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 12000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 12000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 04 / 30 / 2025	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	12000.00
TOTALS This Period (last page in this line only)▶	_____

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CBF5C86508763434CA8B**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 13 / 2024	M M / D D / Y Y Y Y NONE	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	100.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C88A15D03423A43F4AFE**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	3000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 28 / 2025	M M / D D / Y Y Y Y NONE	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	3000.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : CAF17705380E7496F82C

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6500.00	0.00	6500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2026	M M / D D / Y Y Y Y NONE	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).....▶	6500.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CF55F9567986D4D62AB5**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 31 / 2026	M M / D D / Y Y Y Y NONE	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).....▶	500.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C98474C87574C43D895C**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
40000.00	0.00	40000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 15 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	40000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : C3E5034AFAEE545E6861
JIM CARLIN FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804 <input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 1500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1500.00
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TERMS Date Incurred M M / D D / Y Y Y Y 05 / 28 / 2025	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	1500.00
TOTALS This Period (last page in this line only)▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CE095BB5E4A794C86B07**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
8000.00	0.00	8000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	04 / 24 / 2026	NONE	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).....▶	8000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CA30F3866133F4CA686C**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 04 / 24 / 2025	MM / DD / YYYY NONE	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).....▶	1000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C3E5F0D7A3A5247318C4**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
600.00	0.00	600.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 06 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	600.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C7AC170CCB815433BA35**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
SERGEANT BLUFF	IA	51054-8804	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11000.00	0.00	11000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 05 / 29 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	11000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : C1500D638231E4A22A37

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9875.00	0.00	9875.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 02 / 2025	NONE	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).....▶	9875.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) Transaction ID : C467109B6F8C74A839AE
JIM CARLIN FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
<input checked="" type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan 50000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 50000.00
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TERMS	Date Incurred M M / D D / Y Y Y Y 04 / 02 / 2026	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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).....▶	50000.00
TOTALS This Period (last page in this line only)▶	[]

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CD3EC7625DB124DF2B1E**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1180.00	0.00	1180.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 13 / 2025	M M / D D / Y Y Y Y NONE	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	1180.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CE97DE2A4B4564B8A948**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	2000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 31 / 2026	NONE	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).....▶	2000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C9B719A3D700945C1801**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1363.00	0.00	1363.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 15 / 2025	M M / D D / Y Y Y Y NONE	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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	1363.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C0F2859822B22408F9C4**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD			
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804	<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan 2000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2000.00
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TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 03 / 11 / 2025	M M / D D / Y Y Y Y NONE	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).....▶	2000.00
TOTALS This Period (last page in this line only).....▶	[]

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CAA82C316FFAA41DEAD9**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	0.00	25000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 22 / 2026	M M / D D / Y Y Y Y NONE	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).....▶	25000.00
TOTALS This Period (last page in this line only).....▶	324506.46

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