

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

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

1 2 F E 4 M 5

FRIENDS OF AMATA

ADDRESS (number and street)

POST OFFICE BOX 6171

Check if different  
than previously  
reported. (ACC)

PAGO PAGO

AS

96799

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00393041

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

AS

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y Y Y  
04 / 01 / 2025

through

M M / D D / Y Y Y Y  
06 / 30 / 2025

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

Type or Print Name of Treasurer

Usle, Michael, Lawrence, Mr., Sr.

Signature of Treasurer

Usle, Michael, Lawrence, Mr., Sr.

Date

M M / D D / Y Y Y Y  
07 / 11 / 2025

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

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

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

**FRIENDS OF AMATA**

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e)) ....	3100.00	14600.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	3100.00	14600.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5755.68	21591.28
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	5755.68	21591.28
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	90.53	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF AMATA

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 01 / 2025

To:

MM / DD / YYYY  
06 / 30 / 2025**I. RECEIPTS****COLUMN A**  
Total This Period**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than  
Political Committees

(i) Itemized (use Schedule A).....

2000.00

9500.00

(ii) Unitemized .....

100.00

100.00

(iii) TOTAL of contributions  
from individuals ▶

2100.00

9600.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

1000.00

5000.00

(d) The Candidate .....

0.00

0.00

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

3100.00

14600.00

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

14. OFFSETS TO OPERATING  
EXPENDITURES  
(Refunds, Rebates, etc.) .....

0.00

0.00

15. OTHER RECEIPTS  
(Dividends, Interest, etc.) .....

0.00

0.00

16. TOTAL RECEIPTS (add Lines  
11(e), 12, 13(c), 14, and 15)  
(Carry Total to Line 24, page 4)..... ▶

3100.00

14600.00

# **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.....	5755.68	21591.28
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5755.68	21591.28

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2746.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3100.00
25. SUBTOTAL (add Line 23 and Line 24).....	5846.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5755.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	90.53

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

PAGE 5 OF 13

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

**FRIENDS OF AMATA**

Full Name (Last, First, Middle Initial)

Gibbons-Fly, William, , ,

**A.**Mailing Address 11 Spa Creek Landing  
B3

City

Annapolis

State

MD

Zip Code

21403

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Tuna Association

Occupation

Executive Director

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
06		03		2025

Transaction ID : SA11AI.8625

Amount of Each Receipt this Period

2000.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

2000.00

2000.00

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

PAGE 6 OF 13

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

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NAME OF COMMITTEE (In Full)

**FRIENDS OF AMATA**

Full Name (Last, First, Middle Initial)

**GARRET GRAVES FOR CONGRESS****A.** Mailing Address PO BOX 64845City  
BATON ROUGEState  
LAZip Code  
70896FEC ID number of contributing  
federal political committee.**C** C00558486

Name of Employer

Occupation

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  
05 14 2025

Transaction ID : SA11C.8645

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
Contribution

Full Name (Last, First, Middle Initial)

**B.** Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.** Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

1000.00

1000.00

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

PAGE 7 OF 13

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF AMATA

Full Name (Last, First, Middle Initial)

**A. Adobe**

Mailing Address 345 Park Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2025

City  
San JoseState  
CAZip Code  
95110

FEC Identification Number

C C00393041

Purpose of Disbursement  
Software expense for April, May, and June 2025

001

Amount of Each Disbursement this Period

189.97

Transaction ID : SB17.8632

☐ Memo ItemCandidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Full Name (Last, First, Middle Initial)

**B. AMATA, AUMUA, , ,**

Mailing Address PO BOX 6171

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2025

City  
PAGO PAGOState  
ASZip Code  
96799

FEC Identification Number

C C00393041

Purpose of Disbursement  
reimbursement for small office supplies

004

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.8629

☐ Memo ItemCandidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Full Name (Last, First, Middle Initial)

**C. AMATA, AUMUA, , ,**

Mailing Address PO BOX 6171

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2025

City  
PAGO PAGOState  
ASZip Code  
96799

FEC Identification Number

C C00393041

Purpose of Disbursement  
Reimbursement for small office supplies

004

Amount of Each Disbursement this Period

24.76

Transaction ID : SB17.8635

☐ Memo ItemCandidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

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

414.73

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

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

PAGE 8 OF 13

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF AMATA

Full Name (Last, First, Middle Initial)

**A. AMATA, AUMUA, , ,**

Mailing Address PO BOX 6171

City  
PAGO PAGOState  
ASZip Code  
96799Purpose of Disbursement  
Reimbursement for travel misc expenses

002

Candidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Date of Disbursement

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

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

225.10

Transaction ID : SB17.8648

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMATA, AUMUA, , ,**

Mailing Address PO BOX 6171

City  
PAGO PAGOState  
ASZip Code  
96799Purpose of Disbursement  
reimbursement for international travel expenses

002

Candidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Date of Disbursement

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

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.8650

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMATA, AUMUA, , ,**

Mailing Address PO BOX 6171

City  
PAGO PAGOState  
ASZip Code  
96799Purpose of Disbursement  
Political donation reimbursement

011

Candidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

500.00

Transaction ID : SB17.8654

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

1425.10

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 13

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF AMATA

Full Name (Last, First, Middle Initial)

**A. AMATA, AUMUA, , ,**

Mailing Address PO BOX 6171

City  
PAGO PAGOState  
ASZip Code  
96799Purpose of Disbursement  
Reimbursement for political contribution

011

Candidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 04 / 2025

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.8656

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMATA, AUMUA, , ,**

Mailing Address PO BOX 6171

City  
PAGO PAGOState  
ASZip Code  
96799Purpose of Disbursement  
Travel; small purchases

002

Candidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 12 / 2025

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.8659

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMATA, AUMUA, , ,**

Mailing Address PO BOX 6171

City  
PAGO PAGOState  
ASZip Code  
96799Purpose of Disbursement  
Reimbursement for small misc purchases

006

Candidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 25 / 2025

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.8662

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

700.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 13

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF AMATA

Full Name (Last, First, Middle Initial)

**A. EIG Contstant Contact**

Mailing Address 1601 Trapelo Rd

City  
WalthamState  
MAZip Code  
02451Purpose of Disbursement  
Computer consulting April through June 2025

001

Category/  
TypeCandidate Name  
FRIENDS OF AMATAOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 30 / 2025

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

183.00

Transaction ID : SB17.8627

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Giant Foods**

Mailing Address 621 E Glebe Rd,

City  
AlexandriaState  
VAZip Code  
22305Purpose of Disbursement  
Advertising supplies

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y  
04 / 21 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.8631

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Nuuuli Service Station**

Mailing Address P.O. Box 5006

City  
Pago PagoState  
ASZip Code  
96799Purpose of Disbursement  
maintenance for office auto

002

Category/  
TypeCandidate Name  
FRIENDS OF AMATAOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Date of Disbursement

M M / D D / Y Y Y Y  
06 / 13 / 2025

FEC Identification Number

C C00393041

Amount of Each Disbursement this Period

609.35

Transaction ID : SB17.8661

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

1792.35

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 13

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF AMATA

Full Name (Last, First, Middle Initial)

**A. Usle, Michael, Lawrence, Mr., Sr.**

Mailing Address 1842 South 2350 West

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		16		2025

City  
SyracuseState  
UTZip Code  
84075

FEC Identification Number

C C00393041

Purpose of Disbursement  
FEC reports for FOA and 7 C's

001

Amount of Each Disbursement this Period

1000.00

Candidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Transaction ID : SB17.8628

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank**

Mailing Address PO Box 6995

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2025

City  
PortlandState  
ORZip Code  
97228

FEC Identification Number

C C00393041

Purpose of Disbursement  
Bank fees

001

Amount of Each Disbursement this Period

6.75

Candidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Transaction ID : SB17.8630

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank**

Mailing Address PO Box 6995

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		01		2025

City  
PortlandState  
ORZip Code  
97228

FEC Identification Number

C C00393041

Purpose of Disbursement  
Bank fee

002

Amount of Each Disbursement this Period

0.49

Candidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Transaction ID : SB17.8640

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

1007.24

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 13

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF AMATA

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address PO Box 6995

Date of Disbursement

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

City  
PortlandState  
ORZip Code  
97228

FEC Identification Number

C	C00393041
---	-----------

Purpose of Disbursement  
Bank fees

001

Amount of Each Disbursement this Period

15.90
-------

Transaction ID : SB17.8651

☐ Memo ItemCandidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: AS District: 00Disbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank**

Mailing Address PO Box 6995

Date of Disbursement

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

City  
PortlandState  
ORZip Code  
97228

FEC Identification Number

C	C00393041
---	-----------

Purpose of Disbursement  
Monthly bank charge

001

Amount of Each Disbursement this Period

10.00
-------

Transaction ID : SB17.8653

☐ Memo ItemCandidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: AS District: 00Disbursement For: 2026  
☐ Primary ☐ General  
☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank**

Mailing Address PO Box 6995

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	4		2	0	2	5

City  
PortlandState  
ORZip Code  
97228

FEC Identification Number

C	C00393041
---	-----------

Purpose of Disbursement  
Bank fees

001

Amount of Each Disbursement this Period

15.90
-------

Transaction ID : SB17.8655

☐ Memo ItemCandidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ President  
State: AS District: 00Disbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

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

41.80

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 PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 13

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

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NAME OF COMMITTEE (In Full)

FRIENDS OF AMATA

Full Name (Last, First, Middle Initial)

**A. Wells Fargo Bank**

Mailing Address PO Box 6995

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		12		2025

City  
PortlandState  
ORZip Code  
97228

FEC Identification Number

C C00393041

Purpose of Disbursement  
Bank fees

001

Amount of Each Disbursement this Period

7.95

Transaction ID : SB17.8660

☐ Memo ItemCandidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Full Name (Last, First, Middle Initial)

**B. Wells Fargo Bank**

Mailing Address PO Box 6995

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2025

City  
PortlandState  
ORZip Code  
97228

FEC Identification Number

C C00393041

Purpose of Disbursement  
Bank fees

002

Amount of Each Disbursement this Period

7.95

Transaction ID : SB17.8649

☐ Memo ItemCandidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

Full Name (Last, First, Middle Initial)

**C. Wells Fargo Bank**

Mailing Address PO Box 6995

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2025

City  
PortlandState  
ORZip Code  
97228

FEC Identification Number

C C00393041

Purpose of Disbursement  
Bank fees

001

Amount of Each Disbursement this Period

16.00

Transaction ID : SB17.8663

☐ Memo ItemCandidate Name  
FRIENDS OF AMATACategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2026  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AS District: 00

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

31.90

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

5413.12