

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

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Lisa McClain Leadership Fund

ADDRESS (number and street)

824 S MILLEDGE AVENUE

Check if different
than previously
reported. (ACC)

ATHENS

GA

30605

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00868091

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

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)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

Kilgore, Paul, , ,

Signature of Treasurer

Kilgore, Paul, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Lisa McClain Leadership Fund

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2025		1500.38
(b) Cash on Hand at Beginning of Reporting Period.....	37563.10	
(c) Total Receipts (from Line 19)	542715.00	751066.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	580278.10	752566.38
7. Total Disbursements (from Line 31)	526365.00	698653.28
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	53913.10	53913.10
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)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Lisa McClain Leadership Fund

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y
06 30 2025**I. Receipts****COLUMN A**
Total This Period**COLUMN B**
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

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

503650.00

711800.00

(ii) Unitemized

1565.00

1766.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

505215.00

713566.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

37500.00

37500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry
Totals to Line 33, page 5)

542715.00

751066.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))

542715.00

751066.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

542715.00

751066.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	63702.59	71473.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	63702.59	71473.43
22. Transfers to Affiliated/Other Party Committees.....	461162.41	625679.85
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1500.00	1500.00
(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 28(a), (b), and (c)).....	1500.00	1500.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	526365.00	698653.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	526365.00	698653.28

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	542715.00	751066.00
34. Total Contribution Refunds (from Line 28(d))	1500.00	1500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	541215.00	749566.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	63702.59	71473.43
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	63702.59	71473.43

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ABDALLAH, BELAL, , ,

Mailing Address 145 HAMPSHIRE CT

City
DEARBORNState
MIZip Code
48124-1123FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PULSE PRIMARY PLLCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 18 / 2025

Transaction ID : SA11A.46167

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ANGE, KERRY, , MS.,

Mailing Address 2929 LAPEER RD.

City
PORT HURONState
MIZip Code
48060-2558FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.56443

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ARROYO, ASHLY, , ,Mailing Address 555 WEST BEECH STREET
502City
SAN DIEGOState
CAZip Code
92101-2940FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLEARSPED INCOccupation (for Individual)
CHIEF OF STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 29 / 2025

Transaction ID : SA11A.58025

Amount of Each Receipt this Period

30000.00

☐ Memo Item
CONTRIBUTION

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

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

32000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ATASSI, MALAZ, , ,

Mailing Address 5045 CHARING CROSS RD

City
BLOOMFIELD HILLSState
MIZip Code
48304-3681FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PRIMARY MEDICINE PCOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2025

Transaction ID : SA11A.53706

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BASHA, ISMAEL, , ,

Mailing Address 1447 CLUB DR

City
BLOOMFIELD HILLSState
MIZip Code
48302-0705FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 15 / 2025

Transaction ID : SA11A.53705

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BASHA, YAHYA, , ,Mailing Address 30701 WOODWARD AVENUE
STE LLCity
ROYAL OAKState
MIZip Code
48073-0988FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BASHA DIAGNOSTICSOccupation (for Individual)
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53717

Amount of Each Receipt this Period

7000.00

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

11500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BESSETTE, MARK, , ,

Mailing Address 4653 DESOMOD BEACH

City
FORT GRATIOTState
MIZip Code
48059-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LEGACY PORT HURON PAPEROccupation (for Individual)
MANAGING DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.53688

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BHATT, ARYAN, , ,

Mailing Address 1917 MARTIN LUTHER KING JR WAY

City
BERKELEYState
CAZip Code
94704-1037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REDWOOD RESEARCHOccupation (for Individual)
RESEARCH SCIENTIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2025

Transaction ID : SA11A.40580

Amount of Each Receipt this Period

12000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BONES, JOHN, , ,

Mailing Address 49961 GOLDEN LAKE DR

City
UTICAState
MIZip Code
48315-3554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TEAM UP ACADEMYOccupation (for Individual)
EXECUTIVE DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2025

Transaction ID : SA11A.55084

Amount of Each Receipt this Period

250.00

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

12500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. BOOMROD, AHMED, , ,

Mailing Address 1 GOLFCREST CT

City
DEARBORNState
MIZip Code
48124-1116FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GDI SERVICESOccupation (for Individual)
CHAIRMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.58026

Amount of Each Receipt this Period

7000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRADY, BERT, , ,

Mailing Address 8702 NOVANNA CIRCLE

City
MONCLOVAState
OHZip Code
43542-8624FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REMEDI SENIOR CARE PHARMACYOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53710

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. BRANDANO, ANTHONY, , ,

Mailing Address 7330 LAKEVIEW DR

City
LEXINGTONState
MIZip Code
48450-8806FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
LAKES PILOTS ASSOCIATIONOccupation (for Individual)
SHIP PILOT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2025

Transaction ID : SA11A.49421

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

9500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CATENACCI, PAUL, O., MR.,Mailing Address 888 W. BIG BEAVER RD.
STE. 600City
TROYState
MIZip Code
48084-4781FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.56438

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CECAVA, ERIC, , MR.,Mailing Address 3822 ARLINGTON AVE.
UNIT 71

City

FORT GRATIOT

State

MI

Zip Code

48059-3756

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.56445

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. CHAUDHRY, KAMRAN, , ,Mailing Address 5000 TOWN CTR
STE # 1307

City

SOUTHFIELD

State

MI

Zip Code

48075-1114

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

CIENA HEALTHCARE

Occupation (for Individual)

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53715

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

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

10750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. CLYMER, JOSHUA, , ,

Mailing Address 2169 GRANT ST

City
BERKELEYState
CAZip Code
94703-1517FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
REDWOOD RESEARCHOccupation (for Individual)
RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 13 / 2025

Transaction ID : SA11A.40585

Amount of Each Receipt this Period

8000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DENHA, JEFFREY, , MR.,

Mailing Address 5971 BURNHAM RD

City
BLOOMFIELD HILLSState
MIZip Code
48302-4021FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BRASS ALUMINUM FORGINGOccupation (for Individual)
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 21 / 2025

Transaction ID : SA11A.49417

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DENHA, KEVIN, , ,Mailing Address 700 NORTH OLD WOODWARD AVENUE
STE 300City
BIRMINGHAMState
MIZip Code
48009-1338FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 23 / 2025

Transaction ID : SA11A.49420

Amount of Each Receipt this Period

1000.00

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

10500.00

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

PAGE 12 OF 54

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. DORN, HEATHER, M., MRS.,

Mailing Address 1385 CLEAR CREEK DR.

City
ROCHESTER HILLSState
MIZip Code
48306-3582FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOVARA LAW GROUPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID : SA11A.56458

Amount of Each Receipt this Period

4000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DUNN, CHARLES, A., MR.,

Mailing Address 30870 KIRK LN.

City
FRANKLINState
MIZip Code
48025-2160FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11A.56447

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. FICKEL, JAMES, , ,

Mailing Address 1906 BREMEN ST

City
AUSTINState
TXZip Code
78703-2910FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

13000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2025

Transaction ID : SA11A.40576

Amount of Each Receipt this Period

13000.00

☐ Memo Item

CONTRIBUTION

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

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

18500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GANDHI, MILAN, P., ,Mailing Address 26222 TELEGRAPH RD SUITE 100
SUITE 100City
SOUTHFIELDState
MIZip Code
48033-5318FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NORTHLAND RADIOLOGYOccupation (for Individual)
ADMINISTRATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11A.53702

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GHAFFAR, AAMER, , ,Mailing Address 1520 ARTAIUS PKWY UNIT
7195City
LIBERTYVILLEState
ILZip Code
60048-7979FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RXCOPILOTSOccupation (for Individual)
HEALTHCARE TECHNOLOGY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11A.53686

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GLOVER, SCOTT, , ,

Mailing Address 211 N ALICE AVE

City
ROCHESTERState
MIZip Code
48307-1807FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CIENA HEALTHCAREOccupation (for Individual)
ASSOCIATE GENERAL COUNSEL

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2025

Transaction ID : SA11A.55076

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

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

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

6500.00

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

PAGE 14 OF 54

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GRANIERI, ROBERT, , ,

Mailing Address 565 BROOME ST

City
NEW YORKState
NYZip Code
10013-1588FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
JANE STREET CAPITALOccupation (for Individual)
FOUNDER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

123900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 11 / 2025

Transaction ID : SA11A.40575

Amount of Each Receipt this Period

123900.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GREWAL, PARGAT, S., ,

Mailing Address 6765 MEADOWLAKE RD.

City
BLOOMFIELD HILLSState
MIZip Code
48301-2833FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GREWAL DEVELOPMENTOccupation (for Individual)
REAL ESTATE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.56454

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HADDON, JOSEPHINE, , MRS.,

Mailing Address 2055 RIVER RD.

City
ST. CLAIRState
MIZip Code
48079-4251FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID : SA11A.56461

Amount of Each Receipt this Period

375.00

☐ Memo Item

CONTRIBUTION

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

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

125275.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HADDON, MICHAEL, , ,

Mailing Address 2055 NORTH RIVER RD

City
ST. CLAIRState
MIZip Code
48079-4251FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AVIOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID : SA11A.56425

Amount of Each Receipt this Period

375.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HARRIS, JON, , ,Mailing Address 757 THIRD AVE
6ACity
NEW YORKState
NYZip Code
10017-2013FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AIM13Occupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 26 / 2025

Transaction ID : SA11A.56479

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEIGHT, RYAN, , ,

Mailing Address 4545 MONTGOMERY DR

City
SHELBY TOWNSHIPState
MIZip Code
48316-3923FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
HERITAGE DIALYSISOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11A.53694

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

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

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

4875.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HERNANDEZ, SHANE, , MR.,

Mailing Address 1423 18TH STREET

City
PORT HURONState
MIZip Code
48060-5622FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ASSOCIATED BUILDERS AND CONTRACTORSOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.56432

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. HUSSEIN, NIGAR, , ,

Mailing Address 4070 GRATIOT AVE

City
PORT HURONState
MIZip Code
48060-1531FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 19 / 2025

Transaction ID : SA11A.55085

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ISLAM, AZHAR, , ,

Mailing Address 1339 BLOOMINGDALE DR

City
TROYState
MIZip Code
48085-5114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CIENA HEALTH CAREOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53716

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

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

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

4000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 17 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. JACKSON, RAYNARD, , MR.,

Mailing Address P.O. BOX 2404

City
WASHINGTONState
DCZip Code
20013-2404FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RAYNARD JACKSON & ASSO LLCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

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

Transaction ID : SA11A.39425

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. JUNAID, ANSIR, , ,Mailing Address 3900 PARK EAST DR
SUITE 101City
BEACHWOODState
OHZip Code
44122-4359FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUPPLY SIDE USAOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2025

Transaction ID : SA11A.53683

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KALASHO, ONEL, , ,

Mailing Address 7201 S OAK CT W

City
WEST BLOOMFIELDState
MIZip Code
48323-2078FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ODX HEALTHOccupation (for Individual)
DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.55081

Amount of Each Receipt this Period

7000.00

☐ Memo Item
CONTRIBUTION

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

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

35500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KAREEM, YOUSIF, , ,

Mailing Address 3490 LINCOLNSHIRE CT

City
ROCHESTER HILLSState
MIZip Code
48309-4526FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BLACK TIE EVENT DECOROccupation (for Individual)
OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 22 / 2025

Transaction ID : SA11A.49418

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KATTULA, ROBERT, , ,

Mailing Address 4306 BRIGHTWOOD DR

City
TROYState
MIZip Code
48085-7006FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
K&B CAPITALOccupation (for Individual)
EMPLOYEE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.55083

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KELLO, LEILA, , ,

Mailing Address 5735 FORMAN DR

City
BLOOMFIELD HILLSState
MIZip Code
48301-1156FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHALDEAN COMMUNITY FOUNDATIONOccupation (for Individual)
DIRECTOR OF DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.50847

Amount of Each Receipt this Period

7000.00

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

9000.00

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

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

FOR LINE NUMBER: PAGE 19 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KENDRICK, ANN, R., MRS.,

Mailing Address 1745 MINNESOTA AVE.

City
MARYSVILLE

State
MI

Zip Code
48040-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2025

Transaction ID : SA11A.56442

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KHURANA, ANDREW, , ,

Mailing Address 5853 CLEARVIEW DR

City
TROY

State
MI

Zip Code
48098-2449

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

KHURANA LAW FIRM

Occupation (for Individual)

ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY
06 / 18 / 2025

Transaction ID : SA11A.55079

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KINSLEY, EDWARD, R., MR., III

Mailing Address 7074 SUNSET DR.

City
LEXINGTON

State
MI

Zip Code
48450-9209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)

INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
06 / 27 / 2025

Transaction ID : SA11A.56444

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

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

2750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 20 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KLEIN, YONI, , ,

Mailing Address 17093 ALTA VISTA PL

City
SOUTHFIELDState
MIZip Code
48075-1933FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
HEALTHCARE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11A.53687

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. KOZAK, JOHN, , ,

Mailing Address 1187 N CRANBROOK RD

City
BLOOMFIELD HILLSState
MIZip Code
48301-2305FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF-EMPLOYEDOccupation (for Individual)
BREAD AND MILK DELIVERY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53708

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. KROLL, SAMUEL, , ,

Mailing Address 4704 LITTLE JOHN RD

City
VIRGINIA BEACHState
VAZip Code
23455-4706FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WILLIAMS MULLENOccupation (for Individual)
LAWYER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2025

Transaction ID : SA11A.55077

Amount of Each Receipt this Period

3500.00

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

8500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 21 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. KUPELIAN, PETER, B., MR.,

Mailing Address 3947 OAKLAND DR.

City
BLOOMFIELD HILLSState
MIZip Code
48301-3254FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.56455

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LA FLEUR, AMY, , ,

Mailing Address 9016 WHISPERING PINES DR

City
SALINEState
MIZip Code
48176-9235FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CIENA HEALTHCAREOccupation (for Individual)
SVP OPERATIONS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53718

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANWERS, DANIEL, V., MR.,

Mailing Address 12401 SPEAKER RD.

City
BROCKWAYState
MIZip Code
48097-3209FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.56446

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

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

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

4500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 22 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. LIN, TAO, , ,

Mailing Address 2701 BENVENUE AVE

City
BERKELEYState
CAZip Code
94705-1201FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
METROccupation (for Individual)
MEMBER OF TECHNICAL STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 03 / 2025

Transaction ID : SA11A.40578

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LITTLE, BOB, , MR.,

Mailing Address 14625 SHIRLEY AVE

City
WARRENState
MIZip Code
48089-1505FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 19 / 2025

Transaction ID : SA11A.55086

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. M, IKE, , ,

Mailing Address 172 HUNDRED OAKS

City
TOMS RIVERState
NJZip Code
08755-0983FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WORLD WIDE LAND TRANSFEROccupation (for Individual)
TITLE INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11A.53703

Amount of Each Receipt this Period

3500.00

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

8750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MAHMOOD, YUSUF, , ,

Mailing Address 1831 KALORAMA RD NW

City
WASHINGTONState
DCZip Code
20009-5188FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RAND CORPORATIONOccupation (for Individual)
RESEARCHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2025

Transaction ID : SA11A.40577

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MALIK, ASAD, , ,

Mailing Address 900 E LONG LAKE RD

City
BLOOMFIELD HILLSState
MIZip Code
48304-2554FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AMERILODGE GROUPOccupation (for Individual)
PRESIDENT & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53707

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MALIK, MUNAZZA, , ,

Mailing Address 220 HADSELL DR.

City
BLOOMFIELD HILLSState
MIZip Code
48302-0436FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CIENA HEALTHCARE MANAGEMENT INC.Occupation (for Individual)
SR. FINANCIAL CONTROLLER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53712

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

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

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

8500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MANNA, MARTIN, , MR.,

Mailing Address 2075 WALNIT LAKE ROAD

City
WEST BLOOMFIELDState
MIZip Code
48323-3733FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHALDEAN CHAMBER OF COMMERCEOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53711

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MANSOUR, PHILLIP, , ,

Mailing Address 6775 DALY RD

City
WEST BLOOMFIELDState
MIZip Code
48322-4592FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
DKI DEMOLITIONOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.46168

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MARVET, IKE, , ,

Mailing Address 172 HUNDRED OAKS

City
TOMS RIVERState
NJZip Code
08755-0983FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WORLD WIDE LAND TRANSFEROccupation (for Individual)
TITLE INSURANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 10 / 2025

Transaction ID : SA11A.53685

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

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

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

9000.00

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

PAGE 25 OF 54

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MCCORMICK, TOM, , ,

Mailing Address 824 BACK BAY

City
DELAFIELDState
WIZip Code
53018-1528FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CLAREST HEALTHOccupation (for Individual)
CCO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2025

Transaction ID : SA11A.55072

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MIRZA, TALHA, , ,

Mailing Address 33259 DEQUINDRE RD

City
TROYState
MIZip Code
48083-4628FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CIENA HEALTHCAREOccupation (for Individual)
ACCOUNTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11A.55078

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MOAWAD, GERARD, , ,

Mailing Address 4806 U ST NW

City
WASHINGTONState
DCZip Code
20007-1546FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MBH MANAGEMENTOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.53691

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

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

6500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MOAWAD, GERARD, , ,

Mailing Address 4806 U ST NW

City
WASHINGTONState
DCZip Code
20007-1546FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MBH MANAGEMENTOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.53693

Amount of Each Receipt this Period

5500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. MURPHY, KEVIN, , ,

Mailing Address 38371 STATE ROUTE 12E

City
CLAYTONState
NYZip Code
13624-3319FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MSKL, INCOccupation (for Individual)
MSKL

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.53689

Amount of Each Receipt this Period

7000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. NAJOR, JASON, , ,

Mailing Address 7220 ESSEX DR

City
WEST BLOOMFIELDState
MIZip Code
48322-1125FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUPER FAIR CELLULAROccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 01 / 2025

Transaction ID : SA11A.49481

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

13500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 27 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NOVARA, GARY, W., MR.,

Mailing Address 1335 ECHO CT.

City
BLOOMFIELD HILLSState
MIZip Code
48302-1936FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOVARA LAW GROUPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.56430

Amount of Each Receipt this Period

7000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. NOVARA, MICHAEL, A., MR.,

Mailing Address 2816 TURTLE GROVE CT.

City
BLOOMFIELD HILLSState
MIZip Code
48302-0780FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NOVARA LAW GROUPOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.56457

Amount of Each Receipt this Period

7000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OCONNOR, JOSEPH, , ,

Mailing Address 880 W LONG LAKE RD

City
TROYState
MIZip Code
48098-4507FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VIZIOccupation (for Individual)
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 09 / 2025

Transaction ID : SA11A.53684

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

15000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 28 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ORAM, MANSOUR, , ,

Mailing Address 28423 ORCHARD LAKE ROAD

City
FARMINGTON HILLSState
MIZip Code
48334-2971FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INTERNATIONAL OUTDOOROccupation (for Individual)
COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11A.55082

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ORLANS, LINDA, , MS.,

Mailing Address 280 HARMON STREET

City
BIRMINGHAMState
MIZip Code
48009-1352FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.56436

Amount of Each Receipt this Period

7000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OSMAN, EDDIE, , ,

Mailing Address 29330 S WIXOM RD

City
WIXOMState
MIZip Code
48393-3424FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WIXOM QUICK STOOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2025

Transaction ID : SA11A.53704

Amount of Each Receipt this Period

1500.00

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

10000.00

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

PAGE 29 OF 54

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PATEL, RAJAN, G., ,

Mailing Address 18198 SHELLEY POND CT.

City
NORTHVILLEState
MIZip Code
48168-3543FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
OPTALIS HEALTHCAREOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.56460

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PETITPREN, PAMELA, , MRS.,

Mailing Address 4037 SCOTT B DR

City
SAINT CLAIRState
MIZip Code
48079-3564FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.56478

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PITITPREN, DEAN, S., MR.,

Mailing Address 34 WAVERLY LN.

City
GROSSE POINTE FARMState
MIZip Code
48236-3040FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.56459

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

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

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

7500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. RAFIQ, RABIA, , ,

Mailing Address 27235 WINTERSET CIR

City
FARMINGTON HILLSState
MIZip Code
48334-4065FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CIENA HEALTHCAREOccupation (for Individual)
ACCOUNTS PAYABLE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53713

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SAMONA, MAZIN, , ,

Mailing Address 1100 WEST MAPLE ROAD

City
TROYState
MIZip Code
48084-5352FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
WILD BILL'S TOBACCOOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.50848

Amount of Each Receipt this Period

7000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SARAFI, MICHAEL, , ,

Mailing Address 35267 STRATTON HILL COURT

City
FARMINGTON HILLSState
MIZip Code
48331-4508FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BUTZEL LONGOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 23 / 2025

Transaction ID : SA11A.49419

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

11500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 31 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SCHREINER, SAMUEL, S., ,Mailing Address 512 37TH STREET
APT 3City
PITTSBURGHState
PAZip Code
15201-1283FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AURORA INNOVATIONOccupation (for Individual)
SOFTWARE ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 09 / 2025

Transaction ID : SA11A.40579

Amount of Each Receipt this Period

6000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHWARTZ, PETER, , ,

Mailing Address 2707 W MAPLE

City
BLOOMFIELD HILLSState
MIZip Code
48301-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCHWARTZ & COOccupation (for Individual)
INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2025

Transaction ID : SA11A.55073

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHWEIHOFFER, STEVEN, , MR.,

Mailing Address 580 WADHAMS

City
KIMBALLState
MIZip Code
48074-4320FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.56439

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

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

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

7750.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 32 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SERRATO, RAMON, , ,

Mailing Address 3443 E FORT LOWELL RD

City
TUCSONState
AZZip Code
85716-1617FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SERRATO CORPORATIONOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.55080

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SHINA, BASIM, , ,

Mailing Address 7037 DANDISON BLVD

City
WEST BLOOMFIELDState
MIZip Code
48324-2828FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
INFORMATION REQUESTED PER BEST EFFORTSOccupation (for Individual)
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11A.56431

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SIRAJ, OMAIR, , ,

Mailing Address 815 COVENTRY LANE

City
OAK BROOKState
ILZip Code
60523-1464FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CHESTNUT HEALTHOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11A.53695

Amount of Each Receipt this Period

3500.00

☐ Memo Item

CONTRIBUTION

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

5500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 33 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. SORENSEN, MELISSA, , ,

Mailing Address 16591 FREYMAN RD

City
CYGNETState
OHZip Code
43413-9766FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CIENA HEALTHCAREOccupation (for Individual)
CHIEF NURSING OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53709

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. STAPLETON, THOMAS, , ,

Mailing Address 8504 WENDELL DR

City
ALEXANDRIAState
VAZip Code
22308-2158FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
STAPLETON & ASSOCIATES, LLCOccupation (for Individual)
CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID : SA11A.56480

Amount of Each Receipt this Period

3000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STOB, DAVID, , ,

Mailing Address 1349 TRANQUILITY CT

City
ROCHESTER HILLSState
MIZip Code
48306-3579FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CIENA HEALTHCAREOccupation (for Individual)
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2025

Transaction ID : SA11A.55074

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

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

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

9000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 34 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. THOMAS, DEVIN, , ,

Mailing Address 777 E MAIN ST

City
WESTFIELDState
INZip Code
46074-5300FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MAJESTIC CAREOccupation (for Individual)
DIRECTOR OF FINANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2025

Transaction ID : SA11A.55075

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. TRANDAH, PAMELA, , ,Mailing Address 968 13TH AVE SE
SUITE 300City
SCHAUMBURGState
ILZip Code
60173-FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
TRIUMPH HIGHER EDUCATION GROUP (AUGUSTOccupation (for Individual)
COMPLIANCE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2025

Transaction ID : SA11A.43564

Amount of Each Receipt this Period

750.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. TURNER, JOYCE, , ,

Mailing Address 3003 EDGEWOOD RD

City
ERIEState
MIZip Code
48133-9711FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
CIENA HEALTHCAREOccupation (for Individual)
BUSINESS INNOVATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
06 / 16 / 2025

Transaction ID : SA11A.53714

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

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

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

5250.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 35 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VARTANIAN, SEVAG, , ,

Mailing Address 50641 DRAKES BAY DR

City
NOVIState
MIZip Code
48374-2548FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VARTANIAN CAPITAL MANAGEMENTOccupation (for Individual)
INVESTMENT ADVISER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.53692

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. VERBEKE, CODY, , ,

Mailing Address 206 ARTHUR ST

City
YALEState
MIZip Code
48097-2902FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
VERBEKE CONTRACTINGOccupation (for Individual)
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.53690

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. VERTIN, KATHLEEN, M., MRS.,

Mailing Address 4 GOLFSIDE DR.

City
SAINT CLAIRState
MIZip Code
48079-3573FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RIVER BANK THEATEROccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11A.56424

Amount of Each Receipt this Period

1000.00

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

1500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 36 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. VON ARX, SYDNEY, , ,

Mailing Address 2150 SHATTUCK AVENUE

City
BERKELEYState
CAZip Code
94704-1345FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
METROccupation (for Individual)
MEMBER OF TECHNICAL STAFF

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2025

Transaction ID : SA11A.40581

Amount of Each Receipt this Period

12000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WEISS, ERIC, T., MR.,

Mailing Address 2026 HARBOR VILLAGE

City
KEEGO HARBORState
MIZip Code
48320-1374FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NONEOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : SA11A.56429

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YALDO, RUDI, , ,

Mailing Address 2707 TURTLE LAKE DR

City
BLOOMFIELD HILLSState
MIZip Code
48302-0767FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
PEARL TRADING LLCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2025

Transaction ID : SA11A.42501

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

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

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

63500.00

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

PAGE 37 OF 54

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. NEXCARE HEALTH SYSTEMS

Mailing Address 10503 CITATION DR.

City
BRIGHTONState
MIZip Code
48116-6549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.56456

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS;
SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. BRANSCUM, JIM, , ,

Mailing Address 10503 CITATION DRIVE

City
BRIGHTONState
MIZip Code
48116-6549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEXCARE HEALTH SYSTEMS LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2170.00

Date of Receipt

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

Transaction ID : SA11A.60733

Amount of Each Receipt this Period

2170.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. EISENBERG, LEO, , ,

Mailing Address 10503 CITATION DRIVE

City
BRIGHTONState
MIZip Code
48116-6549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEXCARE HEALTH SYSTEMS LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2170.00

Date of Receipt

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

Transaction ID : SA11A.60735

Amount of Each Receipt this Period

2170.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

7000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 38 OF 54
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. PERRY, MICHAEL, , ,

Mailing Address 10503 CITATION DRIVE

City
BRIGHTONState
MIZip Code
48116-6549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEXCARE HEALTH SYSTEMS LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

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

Transaction ID : SA11A.60738

Amount of Each Receipt this Period

70.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. PRESTAGE, RICHARD, , ,

Mailing Address 10503 CITATION DRIVE

City
BRIGHTONState
MIZip Code
48116-6549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEXCARE HEALTH SYSTEMS LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : SA11A.60736

Amount of Each Receipt this Period

210.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SANGSTER, TODD, , ,

Mailing Address 10503 CITATION DRIVE

City
BRIGHTONState
MIZip Code
48116-6549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEXCARE HEALTH SYSTEMS LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID : SA11A.60737

Amount of Each Receipt this Period

210.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 39 OF 54
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WRONSKI, FRANK, , ,

Mailing Address 10503 CITATION DRIVE

City
BRIGHTONState
MIZip Code
48116-6549FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
NEXCARE HEALTHY SYSTEMS LLCOccupation (for Individual)
PARTNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2170.00

Date of Receipt

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

Transaction ID : SA11A.60734

Amount of Each Receipt this Period

2170.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SUPERIOR PROPETIES GROUP, LLC

Mailing Address 1615 S. TELEGRAPH RD.

City
BLOOMFIELD HILLSState
MIZip Code
48302-0065FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.50849

Amount of Each Receipt this Period

7000.00

☐ Memo Item

CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS;
SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. YATOOMA, CHRISTOPHER, , ,

Mailing Address 1615 S TELEGRAPH ROAD

City
BLOOMFIELD HILLSState
MIZip Code
48302-0065FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SUPERIOR PROPERTIES GROUP LLCOccupation (for Individual)
MEMBER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : SA11A.61681

Amount of Each Receipt this Period

7000.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

7000.00

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

PAGE 40 OF 54

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. TC GOLDMAN & ASSOCIATES

Mailing Address 521 MICHIGAN ST.

City
PORT HURONState
MIZip Code
48060-3810FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : SA11A.56449

Amount of Each Receipt this Period

250.00

☐ Memo Item

CONTRIBUTION

REFUNDED 7/31/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. THE MIKE COX LAW FIRM, PLLCMailing Address 17430 NORTH LAUREL PARK DRIVE
STE 120ECity
LIVONIAState
MIZip Code
48152-3981FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11A.56433

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

REFUNDED 7/31/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-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)..... ▶

750.00

503650.00

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

PAGE 41 OF 54

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ESSHAKI FOR CONGRESS

Mailing Address P.O. BOX 26141

City
BIRMINGHAMState
MIZip Code
48012-FEC ID number of contributing
federal political committee.

C

C00792754

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : SA11C.56428

Amount of Each Receipt this Period

2000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CANDICE PAC

Mailing Address P.O. BOX 7036

City
NOVIState
MIZip Code
48376-7036FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : SA11C.56451

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

REFUNDED 7/31/2025

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. HEALTH CARE ASSOCIATION OF MICHIGAN PAC

Mailing Address 7413 WESTSHIRE DR.

City
LANSINGState
MIZip Code
48917-8660FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11C.56453

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

VERIFIED AS FEDERALLY PERMISSIBLE FUNDS

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

3500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 42 OF 54
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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)

Lisa McClain Leadership Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN RHEINMETALL DEFENSE, INC. POLITICAL ACTION COMMITTEEMailing Address 11180 SUNRISE VALLEY DRIVE
SUITE 240City
RESTONState
VAZip Code
20191-5491FEC ID number of contributing
federal political committee.**C** C00890830

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2025**Transaction ID : SA11C.55087**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. INTERNATIONAL BANK OF COMMERCE COMMITTEE FOR IMPROVEMENT AND

Mailing Address 1200 SAN BERNARDO

City

LAREDO

State

TX

Zip Code

78040-6301

FEC ID number of contributing
federal political committee.**C** C00276592

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 01 / 2025**Transaction ID : SA11C.39426**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. MICROSOFT CORPORATION STAKEHOLDERS VOLUNTARY PAC

Mailing Address 1 MICROSOFT WAY

City

REDMOND

State

WA

Zip Code

98052-8300

FEC ID number of contributing
federal political committee.**C** C00227546

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

30000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 29 / 2025**Transaction ID : SA11C.42500**

Amount of Each Receipt this Period

30000.00

☐ Memo Item

CONTRIBUTION

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

34000.00

37500.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 43 OF 54

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112

Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 07 / 2025

FEC Identification Number

C Transaction ID : SB21B.I3720

Amount of Each Disbursement this Period

780.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112

Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 10 / 2025

FEC Identification Number

C Transaction ID : SB21B.I3721

Amount of Each Disbursement this Period

240.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOT

Mailing Address 1340 POYDRAS ST
STE 1770

City
NEW ORLEANS

State
LA

Zip Code
70112

Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 12 / 2025

FEC Identification Number

C Transaction ID : SB21B.I3722

Amount of Each Disbursement this Period

960.60

☐ Memo Item

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

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

1981.80

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

PAGE 44 OF 54

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I3777

Amount of Each Disbursement this Period

320.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 09 / 2025

FEC Identification Number

C

Transaction ID : SB21B.I3854

Amount of Each Disbursement this Period

30.31

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I3902

Amount of Each Disbursement this Period

80.60

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

431.21

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

PAGE 45 OF 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 23 / 2025

FEC Identification Number

C

Transaction ID : SB21B.I3935

Amount of Each Disbursement this Period

60.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 26 / 2025

FEC Identification Number

C

Transaction ID : SB21B.I3936

Amount of Each Disbursement this Period

161.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES
Candidate NameCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I3949

Amount of Each Disbursement this Period

40.30

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

261.80

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

PAGE 46 OF 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C Transaction ID : SB21B.I4020

Amount of Each Disbursement this Period

320.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C Transaction ID : SB21B.I4021

Amount of Each Disbursement this Period

993.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 16 / 2025

FEC Identification Number

C Transaction ID : SB21B.I4024

Amount of Each Disbursement this Period

1944.20

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

3258.13

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

PAGE 47 OF 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 15 / 2025

FEC Identification Number

C Transaction ID : SB21B.I4026

Amount of Each Disbursement this Period

269.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 20 / 2025

FEC Identification Number

C Transaction ID : SB21B.I4042

Amount of Each Disbursement this Period

1183.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 22 / 2025

FEC Identification Number

C Transaction ID : SB21B.I4043

Amount of Each Disbursement this Period

30.93

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

1483.73

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

PAGE 48 OF 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 29 / 2025

FEC Identification Number

C

Transaction ID : SB21B.I4052

Amount of Each Disbursement this Period

170.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
JFC CC TRANSACTION FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I4067

Amount of Each Disbursement this Period

1480.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CLASSIC CITY

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606Purpose of Disbursement
JFC BANK FEES

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 10 / 2025

FEC Identification Number

C

Transaction ID : SB21B.I3719

Amount of Each Disbursement this Period

20.00

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

1671.51

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

PAGE 49 OF 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. CLASSIC CITY

Mailing Address 2365 W BROAD ST

City
ATHENSState
GAZip Code
30606

Purpose of Disbursement

JFC BANK FEES

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.I4025

Amount of Each Disbursement this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182

Purpose of Disbursement

JFC SOFTWARE DATABASE

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	3			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB21B.I3795

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CMDIMailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182

Purpose of Disbursement

JFC SOFTWARE DATABASE

Candidate Name

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I3925

Amount of Each Disbursement this Period

250.00

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

520.00

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

PAGE 50 OF 54

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1593 SPRING HILL ROAD
STE 400City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
JFC SOFTWARE DATABASE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 24 / 2025

FEC Identification Number

C

Transaction ID : SB21B.I4062

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KB STRATEGICMailing Address 3213 DUKE ST
STE 700City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
JFC FUNDRAISING CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Transaction ID : SB21B.I3955

Amount of Each Disbursement this Period

15883.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MANGO CONSULTING LLC

Mailing Address P O BOX 91173

City
AUSTINState
TXZip Code
78709Purpose of Disbursement
JFC MANAGEMENT CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 07 / 2025

FEC Identification Number

C

Transaction ID : SB21B.I3851

Amount of Each Disbursement this Period

3754.64

☐ Memo Item

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

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

19888.62

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

PAGE 51 OF 54

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. PROFESSIONAL DATA SERVICESMailing Address 824 S MILLEDGE AVENUE
STE 101City
ATHENSState
GAZip Code
30605Purpose of Disbursement
JFC COMPLIANCE CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C Transaction ID : SB21B.I4097

Amount of Each Disbursement this Period

3075.78

☐ Memo Item**B. SPARTAN STRATEGIES**Mailing Address 625 SLATERS LANE
APT 103City
ALEXANDRIAState
VAZip Code
22314Purpose of Disbursement
JFC FUNDRAISING CONSULTING

Candidate Name

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

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6				0	9		2	0	2	5		

FEC Identification Number

C Transaction ID : SB21B.I3959

Amount of Each Disbursement this Period

31130.01

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

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

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

34205.79

63702.59

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

PAGE 52 OF 54

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. LISA MCCLAIN FOR CONGRESS

Mailing Address P.O. BOX 327

City
ROMEOState
MIZip Code
48065

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS

Candidate Name

MCCLAIN, LISA, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 09

Date of Disbursement

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

FEC Identification Number

C C00726042**Transaction ID : SB22.I4098**

Amount of Each Disbursement this Period

162265.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LISA MCCLAIN FOR CONGRESS

Mailing Address P.O. BOX 327

City
ROMEOState
MIZip Code
48065

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS

Candidate Name

MCCLAIN, LISA, , ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State: MI

District: 09

Date of Disbursement

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

FEC Identification Number

C C00726042**Transaction ID : SB22.I4099**

Amount of Each Disbursement this Period

56729.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. LASTING INVESTMENTS STRENGTHENING AMERICA PAC

Mailing Address PO BOX 327

City
ROMEOState
MIZip Code
48065

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00764886**Transaction ID : SB22.I4100**

Amount of Each Disbursement this Period

17525.82

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

236520.25

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

PAGE 53 OF 54

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00075820

Transaction ID : SB22.I4101

Amount of Each Disbursement this Period

102948.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS-LEGAL

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00075820

Transaction ID : SB22.I4102

Amount of Each Disbursement this Period

108552.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NRCC

Mailing Address 320 FIRST STREET SE

City
WASHINGTONState
DCZip Code
20003

Purpose of Disbursement

TRANSFER OF NET JFC FUNDS-BUILDING

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00075820

Transaction ID : SB22.I4103

Amount of Each Disbursement this Period

13141.90

☐ Memo Item

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

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

224642.16

461162.41

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

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

PAGE 54 OF 54

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)

Lisa McClain Leadership Fund

Full Name (Last, First, Middle Initial)

A. GAZITUA LETELIER PAMailing Address 150 ALHAMBRA CIR
STE 710City
CORAL GABLESState
FLZip Code
33134

Purpose of Disbursement

REFUND

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB28A.I3781

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RDG DEVELOPMENT GROUP LLC

Mailing Address 11072 BRANDYWINE LAKE WAY

City
BOYNTON BEACHState
FLZip Code
33473

Purpose of Disbursement

REFUND

Candidate Name

Category/
Type

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:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	6			2	0	2	5		

FEC Identification Number

C

Transaction ID : SB28A.I3782

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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

1500.00

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

1500.00