

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

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

DR SAM FOR CONGRESS

ADDRESS (number and street)

1050 JOHNNIE DODDS BLVD

#341

Check if different
than previously
reported. (ACC)

MOUNT PLEASANT

SC

29465

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00919068

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

SC

01

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2025

through

M M / D D / Y Y Y Y
09 / 30 / 2025*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Cuddy, Brian, , Dr.,

Signature of Treasurer

Cuddy, Brian, , Dr.,

Date

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

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

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

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DR SAM FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	148605.03	148605.03
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	148605.03	148605.03
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	742.12	742.12
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	742.12	742.12
8. Cash on Hand at Close of Reporting Period (from Line 27)	1012963.00	
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)	865100.09	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DR SAM FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

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

148500.93

148500.93

(ii) Unitemized.....

104.10

104.10

(iii) TOTAL of contributions
from individuals ▶

148605.03

148605.03

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate.....

0.00

0.00

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

148605.03

148605.03

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

865100.09

865100.09

(b) All Other Loans.....

0.00

0.00

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

865100.09

865100.09

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

0.00

0.00

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

0.00

0.00

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

1013705.12

1013705.12

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	742.12	742.12
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	742.12	742.12

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1013705.12
25. SUBTOTAL (add Line 23 and Line 24).....	1013705.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	742.12
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1012963.00

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

PAGE 5 OF 27

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Ashworth, Cary, , ,

A.

Mailing Address 8310 Sandlapper Way

City

Myrtle Beach

State

SC

Zip Code

29572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.51

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		22		2025

Transaction ID : SA11AI.4106

Amount of Each Receipt this Period

520.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

Bishara, Lisa, , ,

B.

Mailing Address 3406 Tennyson Dr

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

MD

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		16		2025

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Bishara, Tarek, , ,

C.

Mailing Address 3406 Tennyson Dr

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

MD

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
09		16		2025

Transaction ID : SA11AI.4108

Amount of Each Receipt this Period

3500.00

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

7520.51

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Bonds, Honor, , ,

A.

Mailing Address 3405 Ebenezer Chase Drive

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11AI.4114

Amount of Each Receipt this Period

3500.00



Memo Item

B.

Full Name (Last, First, Middle Initial)

Bonds, Philip, , ,

Mailing Address 3405 Ebenezer Chase Drive

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Orthodontist

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11AI.4112

Amount of Each Receipt this Period

3500.00



Memo Item

C.

Full Name (Last, First, Middle Initial)

Burnett, Cecily, , ,

Mailing Address 23 Lanneau Dr

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Business Owner

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	2	5

Transaction ID : SA11AI.4118

Amount of Each Receipt this Period

3500.00



Memo Item

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

10500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Burnett, Lance, , ,

A.

Mailing Address 23 Lanneau Dr

City

Greenville

State

SC

Zip Code

29605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Business Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 24 2025

Transaction ID : SA11AI.4116

Amount of Each Receipt this Period

3500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Charleston Neurosurgical Associates, LLC

Mailing Address 2145 Henry Tecklenburg Dr
Ste 220

City

Charleston

State

SC

Zip Code

29414

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 26 2025

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period

3500.00

☐ Memo Item

JFC/Partnership

C.

Full Name (Last, First, Middle Initial)

Cuddy, Brian, , Dr.,

Mailing Address 1050 Johnnie Dodds Blvd
#341

City

Mount Pleasant

State

SC

Zip Code

29465

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charleston Neurosurgical Assoc

Occupation

Partner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 26 2025

Transaction ID : SA11AI.4208.0

Amount of Each Receipt this Period

3500.00

☒ Memo Item

Attributed to Charleston Neurosurgical Associates, LLC

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

7000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Denton, Leslie, , ,

A.

Mailing Address 9725 Anchor Dr

City
LongsState
SCZip Code
29568FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 24 2025

Transaction ID : SA11AI.4120

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Denton, Patrick, , ,

B.

Mailing Address 9725 Anchor Dr

City
LongsState
SCZip Code
29568FEC ID number of contributing
federal political committee.

C

Name of Employer
McLeod HealthOccupation
Physician

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 24 2025

Transaction ID : SA11AI.4122

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Funke, David, , ,

C.

Mailing Address W263N2300 Deerhaven Dr

City
PewaukeeState
SCZip Code
53072FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora AdvocateOccupation
Clinical Pharmacist

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2066.12

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2025

Transaction ID : SA11AI.4124

Amount of Each Receipt this Period

2066.12

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

9066.12

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

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

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Hochman, Marcelo, , ,

A. Mailing Address 526 Johnnie Dodds Blvd
Ste 202

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
MD

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1033.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2025

Transaction ID : SA11AI.4126

Amount of Each Receipt this Period

1033.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

Huggins, Jane, , ,

B. Mailing Address 838 S Parker Dr

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Homemaker

Occupation
Homemaker

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 16 2025

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Huggins, Rex, , ,

C. Mailing Address 838 S Parker Dr

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-Employed

Occupation
Business Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 16 2025

Transaction ID : SA11AI.4130

Amount of Each Receipt this Period

3500.00

☐ Memo Item

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

8033.06

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Johnston, Amy, , ,

A.

Mailing Address 2447 Sailfish Drive

City

Murrells Inlet

State

SC

Zip Code

29576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	2	5		

Transaction ID : SA11AI.4132

Amount of Each Receipt this Period

3500.00



Memo Item

Full Name (Last, First, Middle Initial)

Johnston, Schipp, , ,

B.

Mailing Address 2447 Sailfish Drive

City

Murrells Inlet

State

SC

Zip Code

29576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southern Crown Partners

Occupation

Owner Manager

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0		2	0	2	5		

Transaction ID : SA11AI.4134

Amount of Each Receipt this Period

3500.00



Memo Item

Full Name (Last, First, Middle Initial)

Jones, Alice, , ,

C.

Mailing Address 2234 Windsor Forest Dr

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	4		2	0	2	5		

Transaction ID : SA11AI.4138

Amount of Each Receipt this Period

3500.00



Memo Item

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

10500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Jones, Elizabeth, , ,

A.

Mailing Address 2628 Trotter Rd

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 15 2025

Transaction ID : SA11AI.4140

Amount of Each Receipt this Period

3500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Jones, Stewart, , ,

Mailing Address 2628 Trotter Rd

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 15 2025

Transaction ID : SA11AI.4142

Amount of Each Receipt this Period

3500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Jones, Webb, , ,

Mailing Address 2234 Windsor Forest Dr

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 24 2025

Transaction ID : SA11AI.4136

Amount of Each Receipt this Period

3500.00

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

10500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESSFull Name (Last, First, Middle Initial)
King and Sons Farm, LLC

Mailing Address 1328 Wisteria Dr

City
FlorenceState
SCZip Code
29526FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.4210

Amount of Each Receipt this Period

2000.00

☐ Memo Item
JFC/PartnershipFull Name (Last, First, Middle Initial)
King, Reamer, , ,

Mailing Address 1328 Wisteria Dr

City
FlorenceState
SCZip Code
29501FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Farmer

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.4210.0

Amount of Each Receipt this Period

2000.00

☒ Memo Item
Attributed to King and Sons Farm, LLCFull Name (Last, First, Middle Initial)
Lamm, James, , ,

Mailing Address 1416 Dorchester Road

City
FlorenceState
SCZip Code
29501FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

McLeod Health

Physician

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID : SA11AI.4144

Amount of Each Receipt this Period

3000.00

☐ Memo Item

5000.00

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Leahey, John, , ,

A.

Mailing Address 392 Reflection Dr

City

Lyman

State

SC

Zip Code

29365

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period

500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Lyles, Ron, , ,

Mailing Address 4535 Emerald Lake Rd

City

Timmons ville

State

SC

Zip Code

29161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Real Estate Developer

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2025

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period

3500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Lyles, Stephanie, , ,

Mailing Address 4535 Emerald Lake Rd

City

Timmons ville

State

SC

Zip Code

29161

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 26 / 2025

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

3500.00

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

7500.00

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Marechal, Erik, , ,

A.

Mailing Address 519 Oleander Dr

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Accountable Insurance Partners

Occupation

Insurance exec

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11AI.4152

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Mathur, Veena, , ,

B.

Mailing Address 1 Putney Bridge Lane

City

Simpsonville

State

SC

Zip Code

29681

FEC ID number of contributing
federal political committee.

C

Name of Employer

DRA

Occupation

Radiologist

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11AI.4154

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Morrison, Ashley, Proctor, ,

C.

Mailing Address 314 Wildwood Dunes Trl

City

Myrtle Beach

State

SC

Zip Code

29572

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11AI.4156

Amount of Each Receipt this Period

3500.00

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

9500.00

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Morrison, John, , ,

A. Mailing Address 314 Wildwood Dunes Trl

City

Myrtle Beach

State

SC

Zip Code

29572

FEC ID number of contributing
federal political committee.

C

Name of Employer
SandsOccupation
Developer

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Nimmer, Susan, , ,

B. Mailing Address 138 Lancaster Blvd

City

Bluffton

State

SC

Zip Code

29909

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1041.02

Date of Receipt

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

Transaction ID : SA11AI.4160

Amount of Each Receipt this Period

1041.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

Norwood, Timothy, , ,

C. Mailing Address 140 West Evans Street

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer
RetiredOccupation
Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y
0	9			2	4		2	0	2	5	

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period

3500.00

☐ Memo Item

8041.02

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

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

O'Brien, Christopher, , ,

A.

Mailing Address 1 Putney Bridge Lane

City

Simpsonville

State

SC

Zip Code

29681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Classic Ace HardwareOccupation
Business owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : SA11AI.4164

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Oliver, Frank, , ,

B.

Mailing Address 1024 Lindberg Dr

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Oral Surgeon

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	5	

Transaction ID : SA11AI.4168

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Oliver, Stephanie, , ,

C.

Mailing Address 1024 Lindberg Dr

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer
HomemakerOccupation
Homemaker

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	5	

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period

2500.00

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

8500.00

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Ottinger, William, , ,

A.

Mailing Address 695 Fishermans Bend

City

Mount Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charleston Ob Gyn

Occupation

Physician

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

436.41

Date of Receipt

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

Transaction ID : SA11AI.4170

Amount of Each Receipt this Period

436.41

☐ Memo Item

Full Name (Last, First, Middle Initial)

Poston, Nancy, , ,

B.

Mailing Address 4251 E National Cemetery Rd

City

Florence

State

SC

Zip Code

29506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

Transaction ID : SA11AI.4174

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Poston, W.J., , ,

C.

Mailing Address 4251 E National Cemetery Rd

City

Florence

State

SC

Zip Code

29506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Real Estate Developer

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	5

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period

3500.00

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

7436.41

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Reed, Kimberly, , ,

A.

Mailing Address 6 Sweet Grass Lane

City

Bluffton

State

SC

Zip Code

29910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2025

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Reed, Pratt, , ,

B.

Mailing Address 6 Sweet Grass Lane

City

Bluffton

State

SC

Zip Code

29910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Reed Group

Occupation

Real Estate Development

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2025

Transaction ID : SA11AI.4178

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Ruegger, Kevin, , ,

C.

Mailing Address 4321 N Smoke Ridge Ct

City

Roswell

State

SC

Zip Code

30075

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tom Barrow Co.

Occupation

Engineer

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2602.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 24 2025

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period

2602.54

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

9602.54

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

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Scarlett, Matthew, , ,

A.

Mailing Address 120 Pitt St

City

Mt Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer

Charleston ENT and Allergy

Occupation

physician

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1041.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 23 2025

Transaction ID : SA11AI.4184

Amount of Each Receipt this Period

1041.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

Shelley, Betty, , ,

B.

Mailing Address 3305 Hwy 90

City

Conway

State

SC

Zip Code

29526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 19 2025

Transaction ID : SA11AI.4188

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Shelley, Ed, , ,

C.

Mailing Address 3305 Hwy 90

City

Conway

State

SC

Zip Code

29526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 19 2025

Transaction ID : SA11AI.4186

Amount of Each Receipt this Period

3500.00

☐ Memo Item

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8041.02

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Silverstein, John, , ,

A.Mailing Address 1330 Avenue of the Americas
23rd FloorCity
New YorkState
NYZip Code
10019FEC ID number of contributing
federal political committee.

C

Name of Employer
Live Data LLCOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 24 2025

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period

3500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Smith, Charlie, , ,

Mailing Address 2322 Burnt Branch Rd

City
Lake CityState
SCZip Code
29560FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
MD

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 24 2025

Transaction ID : SA11AI.4192

Amount of Each Receipt this Period

3500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Stone, David, , ,

Mailing Address 865 Park Ave

City
FlorenceState
SCZip Code
29501FEC ID number of contributing
federal political committee.

C

Name of Employer
Self-EmployedOccupation
Physician

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

260.25

Date of Receipt

M M / D D / Y Y Y Y Y
09 25 2025

Transaction ID : SA11AI.4194

Amount of Each Receipt this Period

260.25

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

7260.25

SCHEDULE A (FEC Form 3)
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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Temple, E, Hood, ,

A.

Mailing Address 170 Court House Square

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hatfield Temple

Occupation

Attorney

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 24 / 2025

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period

1000.00



Memo Item

B.

Full Name (Last, First, Middle Initial)

Walldorf, Chad, , ,

Mailing Address 701 East Bay St

#512

City

Charleston

State

SC

Zip Code

29403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Business Owner

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 30 / 2025

Transaction ID : SA11AI.4198

Amount of Each Receipt this Period

3500.00



Memo Item

C.

Full Name (Last, First, Middle Initial)

Williams, J, Scott, ,

Mailing Address 1329 Lazar Pl

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Georgia Radiology Associates

Occupation

Radiologist

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 22 / 2025

Transaction ID : SA11AI.4200

Amount of Each Receipt this Period

3500.00



Memo Item

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

8000.00

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

Williams, Susan, , ,

A.

Mailing Address 1329 Lazar Pl

City

Florence

State

SC

Zip Code

29501

FEC ID number of contributing
federal political committee.

C

Name of Employer

Homemaker

Occupation

Homemaker

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2025

Transaction ID : SA11AI.4202

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilson, Hunter, , ,

B.

Mailing Address 101 Adams Street

City

West Columbia

State

SC

Zip Code

20169

FEC ID number of contributing
federal political committee.

C

Name of Employer

HH

Occupation

Engineer

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : SA11AI.4204

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Wilson Jr, Addison, , ,

C.

Mailing Address 602 Ashdale Drive

City

Beaufort

State

SC

Zip Code

29907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Novant Health

Occupation

Surgeon

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : SA11AI.4206

Amount of Each Receipt this Period

1000.00

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

6500.00

148500.93

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

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☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☐ 12	☒ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

MCCOWN, SAM DR, , ,

A.

Mailing Address 1050 JOHNNIE DODDS BLVD

#341

City

MOUNT PLEASANT

State

SC

Zip Code

29465

FEC ID number of contributing
federal political committee.**C** H6SC01276

Name of Employer

Self-Employed

Occupation

Entrepreneur

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	2	5

Transaction ID : SA13A.4102

Amount of Each Receipt this Period

100.00

☐ Memo Item

Loan from Candidate

B.

Full Name (Last, First, Middle Initial)

MCCOWN, SAM DR, , ,

Mailing Address 1050 JOHNNIE DODDS BLVD

#341

City

MOUNT PLEASANT

State

SC

Zip Code

29465

FEC ID number of contributing
federal political committee.**C** H6SC01276

Name of Employer

Self-Employed

Occupation

Entrepreneur

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100100.09

Date of Receipt

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

Transaction ID : SA13A.4103

Amount of Each Receipt this Period

100000.09

☐ Memo Item

Loan from Candidate

C.

Full Name (Last, First, Middle Initial)

MCCOWN, SAM DR, , ,

Mailing Address 1050 JOHNNIE DODDS BLVD

#341

City

MOUNT PLEASANT

State

SC

Zip Code

29465

FEC ID number of contributing
federal political committee.**C** H6SC01276

Name of Employer

Self-Employed

Occupation

Entrepreneur

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

865100.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA13A.4104

Amount of Each Receipt this Period

765000.00

☐ Memo Item

Loan from Candidate

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

865100.09

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

865100.09

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

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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

DR SAM FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WinRed Technologies

Mailing Address 330 N Washington St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2025

City
AlexandriaState
VAZip Code
22314

FEC Identification Number

C

Purpose of Disbursement
Credit Card Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

702.12

Transaction ID : SB17.4216

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

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

702.12

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

702.12

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

PAGE 25 OF 27

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4102

DR SAM FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 18 / 2025

M M / D D / Y Y Y Y

01/31/2045

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 26 OF 27

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4103

DR SAM FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.09

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100000.09

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 25 / 2025

M M / D D / Y Y Y Y

01/31/2045

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

100000.09

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

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

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

PAGE 27 OF 27

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4104

DR SAM FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

MCCOWN, SAM DR, , ,

Mailing Address

1050 JOHNNIE DODDS BLVD
#341

City

MOUNT PLEASANT

State

SC

ZIP Code

29465

☒ Personal Funds of the Candidate

Original Amount of Loan

765000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

765000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 30 / 2025

M M / D D / Y Y Y Y

01/31/2045

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

765000.00

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

865100.09

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