

**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

FALLON FOR CONGRESS

ADDRESS (number and street)

PO BOX 1445

Check if different  
than previously  
reported. (ACC)

FRISCO

TX

75034

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00750307

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

TX

04

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

KILGORE, PAUL, , ,

Signature of Treasurer

KILGORE, PAUL, , ,

Date

M M / D D / Y Y Y Y  
10 / 15 / 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

**FALLON 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)) ....	121203.30	295716.49
(b) Total Contribution Refunds (from Line 20(d)) .....	2500.00	36633.29
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	118703.30	259083.20
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	98451.34	161128.59
(b) Total Offsets to Operating Expenditures (from Line 14) .....	5.60	289.68
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	98445.74	160838.91
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	766401.99	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	25000.00	

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FALLON 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).....

40874.97

122964.16

(ii) Unitemized .....

348.33

1222.33

(iii) TOTAL of contributions  
from individuals ▶

41223.30

124186.49

(b) Political Party Committees.....

0.00

0.00

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

79980.00

171530.00

(d) The Candidate .....

0.00

0.00

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

121203.30

295716.49

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

0.00

19916.97

## 13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

5.60

289.68

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)..... ▶

121208.90

315923.14

# **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.....	98451.34	161128.59
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	6600.00
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 .....	2500.00	34133.29
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	2500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	2500.00	36633.29
21. OTHER DISBURSEMENTS .....	0.00	25000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	100951.34	229361.88

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	746144.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	121208.90
25. SUBTOTAL (add Line 23 and Line 24).....	867353.33
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	100951.34
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	766401.99

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

PAGE 5 OF 53

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

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

NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

BACKUS, KENNETH, , ,

A.

Mailing Address PO BOX 922

City

CLARKSVILLE

State

TX

Zip Code

75426-0922

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

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  
09 30 2025

Transaction ID : A04E43E0C9A524ED9A9C

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BASS, JAMIE, , ,

B.

Mailing Address 8 OAK HAVEN DR

City

TEXARKANA

State

TX

Zip Code

75501-9006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RED RIVER ARMY DEPOT

Occupation

DEPUTY COMMANDER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

259.78

Date of Receipt

M M / D D / Y Y Y Y Y  
08 04 2025

Transaction ID : A8F113DC74BA54F5888F

Amount of Each Receipt this Period

259.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

BRUNER, SCOTT, , MR.,

C.

Mailing Address 5 OAK HILL PL

City

TEXARKANA

State

TX

Zip Code

75503-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OFFENHAUSER INSURANCE

Occupation

PARTNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 12 2025

Transaction ID : A464481D4560543758BD

Amount of Each Receipt this Period

250.00

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

1009.78

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

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

PAGE 6 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

DODD, THOMAS, , MR.,

**A.**

Mailing Address 4904 ABBOTT AVE

City

DALLAS

State

TX

Zip Code

75205-3210

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DODD CG LLC

Occupation

PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		24		2025

Transaction ID : ACAB32DBC42764380862

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DREGER, TODD, , ,

**B.**

Mailing Address 245 PANORAMA CIR

City

POTTSBORO

State

TX

Zip Code

75076-3390

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1038.19

Date of Receipt

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

Transaction ID : A61AB3F42AD8A40718ED

Amount of Each Receipt this Period

1038.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

FRIESEN, MATTHEW, , ,

**C.**

Mailing Address 201 C ST SE

City

WASHINGTON

State

DC

Zip Code

20003-1910

FEC ID number of contributing  
federal political committee.

C

Name of Employer

C2 STRATEGIES

Occupation

PARTNER

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 : A1AD10B8676E945DCBFD

Amount of Each Receipt this Period

500.00

☐ Memo Item

4538.19

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

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

PAGE 7 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

GARIBAY, RUBEN, , ,

**A.** Mailing Address 21881 CIELO VISTA DR

City

SAN ANTONIO

State

TX

Zip Code

78255

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELECT DEDICATED SOLUTIONSOccupation  
MEMBER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

519.25

Date of Receipt

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

Transaction ID : A29D83F5E83BD4D78A35

Amount of Each Receipt this Period

519.25

☐ Memo Item

Full Name (Last, First, Middle Initial)

GIBLIN, CHRISTOPHER, , ,

**B.** Mailing Address 1304 CHANCEL PL

City

ALEXANDRIA

State

VA

Zip Code

22314-4707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OGROccupation  
GOVERNMENT RELATIONS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : AFE0A76EAFE1C448FA50

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GILMORE, CHAZ, , ,

**C.** Mailing Address 801 E STATE HWY 114

City

GRAPEVINE

State

TX

Zip Code

76051-4187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GRAPEVINE FORDOccupation  
AUTO DEALER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A55DF6D35A5D84894981

Amount of Each Receipt this Period

1000.00

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

2019.25

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

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

PAGE 8 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

GOLDBERG, KENNETH, , ,

**A.**

Mailing Address 4 ROBLEDO DR

City

DALLAS

State

TX

Zip Code

75230-3059

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

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  
09 17 2025

Transaction ID : A4BD4B446AB264B7FA23

Amount of Each Receipt this Period

1000.00

☐ Memo ItemEARMARKED (NON-DIRECTED) THROUGH  
AMERICAN ISRAELI PUBLIC AFFAIRS COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001-2604

FEC ID number of contributing  
federal political committee.

C

C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10613.42

Date of Receipt

M M / D D / Y Y Y Y Y  
09 17 2025

Transaction ID : AE335165706C347C394A

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

GOLDMAN, YEHUDA, , ,

Mailing Address 7104 SPANKY BRANCH DR

City

DALLAS

State

TX

Zip Code

75248-1532

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CO-FOUNDER

Occupation

GSI INVESTMENTS

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  
08 04 2025

Transaction ID : A99A3C35FF15042FBA6F

Amount of Each Receipt this Period

1000.00

☐ Memo ItemEARMARKED (NON-DIRECTED) THROUGH  
AMERICAN ISRAELI PUBLIC AFFAIRS COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

2000.00

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



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

PAGE 9 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

**A.**

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001-2604

FEC ID number of contributing  
federal political committee.**C** C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10613.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

Transaction ID : A080E51F6CB1B4114B4F

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

HOLLY, JOSH, , ,

Mailing Address 825 S MONROE ST

City

ARLINGTON

State

VA

Zip Code

22204-1537

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

Name of Employer

HOLLY STRATEGIES INCORPORATED

Occupation

GOVERNMENT AND PUBLIC RELATIONS

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : A9C37D3F9B5AC4B11946

Amount of Each Receipt this Period

500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

HOWELL, BOBBY, L., MR.,

Mailing Address PO BOX 700

City

DE KALB

State

TX

Zip Code

75559-0700

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

Name of Employer

BOWIE COUNTY

Occupation

JUDGE

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : A895FE9FAFE8E44E09A2

Amount of Each Receipt this Period

500.00

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

1000.00

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

PAGE 10 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

HUNT, WOODY, L., MR.,

A. Mailing Address PO BOX 12667

City  
EL PASOState  
TXZip Code  
79913-0667FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HUNT COMPANIES, INC.Occupation  
EXECUTIVE CHAIRMAN

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  
07 30 2025

Transaction ID : AE1368BBAFD7045349A9

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HURST, MICHAEL, , ,

B. Mailing Address 2100 ROSS AVE

City  
DALLASState  
TXZip Code  
75201-2739FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LYNN PINKER HURST SCHWEGMANNOccupation  
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  
07 31 2025

Transaction ID : A1A73392C04074439A63

Amount of Each Receipt this Period

1000.00

☐ Memo ItemEARMARKED (NON-DIRECTED) THROUGH  
AMERICAN ISRAELI PUBLIC AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

C. Mailing Address 251 H ST NW

City  
WASHINGTONState  
DCZip Code  
20001-2604FEC ID number of contributing  
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10613.42

Date of Receipt

M M / D D / Y Y Y Y Y  
08 06 2025

Transaction ID : A12A648A4015F46F6AF5

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

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

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

4500.00

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

PAGE 11 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

KAMHI, MAX, , ,

**A.** Mailing Address 3503 CRESCENT AVECity  
DALLASState  
TXZip Code  
75205-3924FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LIFE SCIENCE LOGISTICS, LLCOccupation  
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  
08 27 2025

Transaction ID : AD49DD2FF107B4EE38C5

Amount of Each Receipt this Period

3500.00

☐ Memo ItemEARMARKED (NON-DIRECTED) THROUGH  
AMERICAN ISRAELI PUBLIC AFFAIRS COMMITTEE

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

**B.** Mailing Address 251 H ST NWCity  
WASHINGTONState  
DCZip Code  
20001-2604FEC ID number of contributing  
federal political committee.

C C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10613.42

Date of Receipt

M M / D D / Y Y Y Y Y  
08 27 2025

Transaction ID : A7B22586CB6C9475DB7E

Amount of Each Receipt this Period

3500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

KANAGY, ERIC, , ,

**C.** Mailing Address 135 ASHLAND PL  
APT 4DCity  
BROOKLYNState  
NYZip Code  
11201-3951FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SIMPLESENSE INC.Occupation  
CEO

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 29 2025

Transaction ID : A991E9F1B2A6A491E9A8

Amount of Each Receipt this Period

1000.00

☐ Memo Item

4500.00

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

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

PAGE 12 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

KROESE, DANIEL, , ,

**A.**

Mailing Address 118 ELM ST SW

City

VIENNA

State

VA

Zip Code

22180-6314

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PALO ALTO NETWORKS

Occupation

VICE PRESIDENT PUBLIC POLICY

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  
08 / 18 / 2025D D / Y Y Y Y Y  
18 / 2025Y Y Y Y Y  
2025

Transaction ID : A9255D07C40444AB8848

Amount of Each Receipt this Period

500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

LEDWELL, STEVE, , MR.,

Mailing Address 3300 WACO STREET

City

TEXARKANA

State

TX

Zip Code

75501-6645

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEDWELL &amp; SON

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  
08 / 12 / 2025D D / Y Y Y Y Y  
12 / 2025Y Y Y Y Y  
2025

Transaction ID : AEA18FC153D5A4126ACF

Amount of Each Receipt this Period

3500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

MARTIN, JOEY, , ,

Mailing Address 6910 SUGAR CREST DR

City

TEXARKANA

State

AR

Zip Code

71854-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer

EXPRESS EMPLOYMENT

Occupation

BUSINESS OWNER

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  
08 / 25 / 2025D D / Y Y Y Y Y  
25 / 2025Y Y Y Y Y  
2025

Transaction ID : AD5BCBC9E40A24BD7B98

Amount of Each Receipt this Period

1000.00

☐ Memo Item

5000.00

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

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

PAGE 13 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

MCCULLOCH, LEE ANN, , ,

**A.** Mailing Address 2902 STONEGATE DRIVECity  
TEXARKANAState  
TXZip Code  
75503-5415FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 12 2025

Transaction ID : A7945DEEC75D94B7BB2E

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MCMAHON, TERRANCE, , ,

**B.** Mailing Address 3535 SOUTH OCEAN DRIVECity  
HOLLYWOODState  
FLZip Code  
33019-2898FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONEOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1038.19

Date of Receipt

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

Transaction ID : AB5173B69C96249DA820

Amount of Each Receipt this Period

1038.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

MITCHELL, KELLY, , ,

**C.** Mailing Address 44 DOGWOOD LAKE DRCity  
TEXARKANAState  
TXZip Code  
75503-1720FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEXAR CREDIT UNIONOccupation  
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 12 2025

Transaction ID : AC143DC8AC24B4AD1A14

Amount of Each Receipt this Period

250.00

☐ Memo Item

2288.19

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

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

PAGE 14 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

MORRISS, DON, , ,

**A.**

Mailing Address 10 OAKRIDGE CIRCLE

City

TEXARKANA

State

TX

Zip Code

75503-1710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OFFENHAUSER INSURANCE

Occupation

INSURANCE AGENT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

259.78

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 25 / 2025

Transaction ID : AEAB553B05D794A19A6B

Amount of Each Receipt this Period

259.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

MORRISS, WILLIAM, , MR.,

**B.**

Mailing Address 518 PINE STREET

City

TEXARKANA

State

TX

Zip Code

75501-5515

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OFFENHAUSER INSURANCE

Occupation

INSURANCE AGENT

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  
08 / 12 / 2025

Transaction ID : A56FC7E45B68F4307826

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NICHOLS, JOE, , MR.,

**C.**

Mailing Address 6208 BROOKHOLLOW DR

City

TEXARKANA

State

TX

Zip Code

75503-1496

FEC ID number of contributing  
federal political committee.

C

Name of Employer

STATE BANK OF DEKALB

Occupation

PRESIDENT/CEO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 12 / 2025

Transaction ID : AD9A9A93415F24C9A855

Amount of Each Receipt this Period

250.00

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

1509.78

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

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

PAGE 15 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

OLSCHWANG, LARRY, , ,

**A.**

Mailing Address 6039 WAGGONER DR

City

DALLAS

State

TX

Zip Code

75230-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCRAPSOURCEOccupation  
FOUNDER

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	8		0	5		2	0	2	5

Transaction ID : ABED67D8B0AE441C3AE3

Amount of Each Receipt this Period

1000.00

☐ Memo ItemEARMARKED (NON-DIRECTED) THROUGH  
AMERICAN ISRAELI PUBLIC AFFAIRS COMMITTEE**B.**

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001-2604

FEC ID number of contributing  
federal political committee.

C

C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10613.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

Transaction ID : A3A14831E6C5A4640A95

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**C.**

Full Name (Last, First, Middle Initial)

PAILET, KEVIN, , ,

Mailing Address 5560 CELESTIAL RD

City

DALLAS

State

TX

Zip Code

75254-7612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MARSH MCLENNAN AGENCYOccupation  
INSURANCE AGENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : AA533389525AD4F98B8F

Amount of Each Receipt this Period

1000.00

☐ Memo ItemEARMARKED (NON-DIRECTED) THROUGH  
AMERICAN ISRAELI PUBLIC AFFAIRS COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

2000.00

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

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

PAGE 16 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

**A.**

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001-2604

FEC ID number of contributing  
federal political committee.**C** C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10613.42

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	5	

Transaction ID : AD856FE17FDDD4C49BD8

Amount of Each Receipt this Period

1000.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

PATTERSON, CARY, , ,

Mailing Address 6002 SUMMERFIELD DR  
STE A

City

TEXARKANA

State

TX

Zip Code

75503-4303

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

Name of Employer

PATTERSON NIX LAW FIRM

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
0	8		1	2		2	0	5	

Transaction ID : A83B7D6F21D7B402990B

Amount of Each Receipt this Period

3500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

RAPHAEL, ORI, , ,

Mailing Address 6405 CHURCHILL WAY

City

DALLAS

State

TX

Zip Code

75230-1809

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

Name of Employer

SELF EMPLOYED

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
0	8		0	6		2	0	5	

Transaction ID : AC451B8BFDEA94DCCB0B

Amount of Each Receipt this Period

1000.00

☐ Memo ItemEARMARKED (NON-DIRECTED) THROUGH  
AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE**SUBTOTAL** of Receipts This Page (optional)..... ▶

4500.00

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



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

PAGE 17 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

**A.**

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001-2604

FEC ID number of contributing  
federal political committee.**C** C00797670

Name of Employer

Occupation

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10613.42

Date of Receipt

M M / D D / Y Y Y Y Y  
08 13 2025

Transaction ID : AB279C2894AC4400899B

Amount of Each Receipt this Period

1000.00

☒

Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.**B.**

Full Name (Last, First, Middle Initial)

RUSSELL, JAMES, H., MR.,

Mailing Address 5913 WINCHESTER DRIVE

City

TEXARKANA

State

TX

Zip Code

75503-4604

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

Name of Employer

Occupation

THE ARNOLD COMPANIES

CPA

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 12 2025

Transaction ID : A3B9A8715B29D4EC4B64

Amount of Each Receipt this Period

250.00

☐

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

SITTERLEY, ROB, , ,

Mailing Address 6204 DEERFIELD DR

City

TEXARKANA

State

TX

Zip Code

75503-1161

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

Name of Employer

Occupation

AR-TX REDI

ECONOMIC DEVELOPER

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  
08 11 2025

Transaction ID : A511FA05DDB13451D8D4

Amount of Each Receipt this Period

500.00

☐

Memo Item

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

750.00

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

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

PAGE 18 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

TOWNES, LARRY, C., MR.,

**A.** Mailing Address PO BOX 729City  
LEWISVILLEState  
ARZip Code  
71845-0729FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOWNES TELE-COMMUNICATIONS INCOccupation  
CEO AND PRESIDENT

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 19 2025

Transaction ID : A26A086E07C524C4ABA2

Amount of Each Receipt this Period

1500.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
TOWNES, LARRY, C., MR.,

Mailing Address PO BOX 729

City  
LEWISVILLEState  
ARZip Code  
71845-0729FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TOWNES TELE-COMMUNICATIONS INCOccupation  
CEO AND PRESIDENT

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 19 2025

Transaction ID : A7EEAAC8154C94E589AA

Amount of Each Receipt this Period

3500.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)

WALKER, LOWELL, , ,

Mailing Address 225 W CROCKETT ST

City  
DE KALBState  
TXZip Code  
75559-1736FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CITY OF DE KALBOccupation  
MAYOR

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

259.78

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 11 2025

Transaction ID : A6628399CCEBA48A5969

Amount of Each Receipt this Period

259.78

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

5259.78

40874.97

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

PAGE 19 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

ALLISON TRANSMISSION INC. PAC

A. Mailing Address ONE ALLISON WAY

City  
INDIANAPOLISState  
INZip Code  
46222-3271FEC ID number of contributing  
federal political committee.

C C00691972

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : A64DC89444FB04BBCAB2

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMAZON.COM SERVICES LLC SEPARATE SEGREGATED FUND (AMAZON PAC)

Mailing Address 601 NEW JERSEY AVE NW  
STE 900City  
WASHINGTONState  
DCZip Code  
20001-2027FEC ID number of contributing  
federal political committee.

C C00360354

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : AE7AA0BD1D2F941D6A9A

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN COUNCIL OF ENGINEERING COMPANIES (ACEC/PAC)

Mailing Address 1400 L ST NW  
STE 400City  
WASHINGTONState  
DCZip Code  
20005-3592FEC ID number of contributing  
federal political committee.

C C00010868

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 Y  
09 30 2025

Transaction ID : A9421ACE742F8462EB80

Amount of Each Receipt this Period

1000.00

☐ Memo Item

7500.00

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

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

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

PAGE 20 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

AMERICAN CRYSTAL SUGAR COMPANY PAC

**A.** Mailing Address 101 NORTH 3RD STREETCity  
MOORHEADState  
MNZip Code  
56560-1990FEC ID number of contributing  
federal political committee.**C** C00110338

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : A38D0485F89274A7085A

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN FINANCIAL SERVICES ASSOCIATION PAC

**B.** Mailing Address 919 18TH STREET, NW  
SUITE 300City  
WASHINGTONState  
DCZip Code  
20006FEC ID number of contributing  
federal political committee.**C** C00038604

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : A9F348FEBF4BE47EC9AA

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS PAC

**C.** Mailing Address PALLADIAN 1  
220 LEIGH FARM RDCity  
DURHAMState  
NCZip Code  
27707-8110FEC ID number of contributing  
federal political committee.**C** C00077321

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 13 2025

Transaction ID : A91984135809A4B3FB2A

Amount of Each Receipt this Period

5000.00

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

12500.00

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

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

PAGE 21 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

ANTI-WOKE FUND

**A.**Mailing Address C/O RED CURVE SOLUTIONS  
138 CONANT ST, STE 401City  
BEVERLYState  
MAZip Code  
01915-1678FEC ID number of contributing  
federal political committee.**C** C00894717

Name of Employer

Occupation

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	2		2	0	5	

Transaction ID : A2FA7477579124CD5BE3

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ASSOCIATED BUILDERS &amp; CONTRACTORS, INC. PAC

**B.**Mailing Address 440 FIRST STREET NW  
SUITE 200City  
WASHINGTONState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.**C** C00010421

Name of Employer

Occupation

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	5	

Transaction ID : A64AAF84D8B0F4AE1928

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BAE SYSTEMS USA

**C.**Mailing Address 2941 FAIRVIEW PARK DR  
STE 100City  
FALLS CHURCHState  
VAZip Code  
22042FEC ID number of contributing  
federal political committee.**C** C00281212

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : ACCAD5F659C194429BF0

Amount of Each Receipt this Period

1000.00

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

6500.00

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

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

PAGE 22 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

BEEF-PAC (BEEF POLITICAL ACTION COMMITTEE OF TEXAS CATTLE FEEDERS ASSOCIATION)

**A.**

Mailing Address 5501 W I-40

City

AMARILLO

State

TX

Zip Code

79106

FEC ID number of contributing  
federal political committee.**C** C00015552

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 Y Y
07		24		2025

Transaction ID : AA7BB1C4889234CDA8D1

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

CACI INTERNATIONAL INC PAC ('CACI PAC')

Mailing Address 800 MAINE AVE SW  
FL 7

City

WASHINGTON

State

DC

Zip Code

20024-2818

FEC ID number of contributing  
federal political committee.**C** C00783423

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A6EE0764DE4BD45FEB3D

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

CROP INSURANCE PROFESSIONALS ASSOCIATION PAC-CIPA PAC

Mailing Address 174 NORTH CAROLINA AVE., SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.**C** C00503680

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 Y Y
09		30		2025

Transaction ID : AB0D7E39B35D546DF9A6

Amount of Each Receipt this Period

2000.00

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

4000.00

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

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

PAGE 23 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Mailing Address 2980 FAIRVIEW PARK DR

City

FALLS CHURCH

State

VA

Zip Code

22042-4511

FEC ID number of contributing  
federal political committee.**C** C00088591

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID : ADB0E0F7CA168496EA67

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**EMPLOYEES OF RTX CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1000 WILSON BLVD

City

ARLINGTON

State

VA

Zip Code

22209-2230

FEC ID number of contributing  
federal political committee.**C** C00097568

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 Y  
07 24 2025

Transaction ID : AC2E24D62A01E435D809

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**EMPLOYEES OF RTX CORPORATION POLITICAL ACTION COMMITTEE**

Mailing Address 1000 WILSON BLVD

City

ARLINGTON

State

VA

Zip Code

22209-2230

FEC ID number of contributing  
federal political committee.**C** C00097568

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID : A0CEA9A309AAA479BB63

Amount of Each Receipt this Period

1000.00

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

4000.00

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

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

PAGE 24 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

FAA MANAGERS ASSOCIATION INC. PAC

A.

Mailing Address 1015 ATLANTIC BLVD  
STE 245City  
ATLANTIC BEACHState  
FLZip Code  
32233-3313FEC ID number of contributing  
federal political committee.

C C00366070

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : AF2E159140F8B48A2A0A

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KOCH INDUSTRIES, INC. POLITICAL ACTION COMMITTEE (KOCHPAC)

B.

Mailing Address 4111 EAST 37TH STREET NORTH

City  
WICHITAState  
KSZip Code  
67220FEC ID number of contributing  
federal political committee.

C C00236489

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 13 2025

Transaction ID : ADA92CBDB0E954003966

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KOCH INDUSTRIES, INC. POLITICAL ACTION COMMITTEE (KOCHPAC)

C.

Mailing Address 4111 EAST 37TH STREET NORTH

City  
WICHITAState  
KSZip Code  
67220FEC ID number of contributing  
federal political committee.

C C00236489

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

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

Transaction ID : AC1B6B1E1698D4163862

Amount of Each Receipt this Period

5000.00

☐ Memo Item

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

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

11000.00



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 25 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

L3HARRIS TECHNOLOGIES, INC. PAC

**A.**

Mailing Address 201 12TH ST S  
STE 800

City  
ARLINGTON

State  
VA

Zip Code  
22202-5408

FEC ID number of contributing  
federal political committee.

**C** C00100321

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 19 2025

Transaction ID : A41FB55908D9E41D39FE

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

L3HARRIS TECHNOLOGIES, INC. PAC

**B.**

Mailing Address 201 12TH ST S  
STE 800

City  
ARLINGTON

State  
VA

Zip Code  
22202-5408

FEC ID number of contributing  
federal political committee.

**C** C00100321

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

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

Transaction ID : A437F8BAFDEC647538BD

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

**C.**

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100

City  
ARLINGTON

State  
VA

Zip Code  
22202

FEC ID number of contributing  
federal political committee.

**C** C00303024

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 12 2025

Transaction ID : ABB05244B1B444D18A0

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)..... ▶

7000.00

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

PAGE 26 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

A.

Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100City  
ARLINGTONState  
VAZip Code  
22202FEC ID number of contributing  
federal political committee.

C C00303024

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID : A83D3ECCBA58846D98BC

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MARATHON PETROLEUM CORPORATION EMPLOYEES PAC (MPAC)

B.

Mailing Address 539 S MAIN ST

City  
FINDLAYState  
OHZip Code  
45840-3229FEC ID number of contributing  
federal political committee.

C C00496307

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : A32B7C6723D2140458D0

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MCGUIREWOODS FEDERAL PAC

C.

Mailing Address GATEWAY PLAZA  
800 EAST CANAL STREETCity  
RICHMONDState  
VAZip Code  
23219FEC ID number of contributing  
federal political committee.

C C00225342

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : ACADB026826464C9EB05

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

6000.00

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

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

PAGE 27 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

NATIONAL SHOOTING SPORTS FOUNDATION, INC. POLITICAL ACTION COMMITTEE (NSSF PAC)

**A.**Mailing Address 400 N. CAPITOL STREET NW  
SUITE 475City  
WASHINGTONState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.**C** C00480863

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A4EF6A14F602E45ABAF2

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

NO EASY DAY PAC

Mailing Address PO BOX 1245

City  
MAGNOLIAState  
TXZip Code  
77353-1245FEC ID number of contributing  
federal political committee.**C** C00813162

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

660.00

Date of Receipt

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

Transaction ID : A55709B61552C4DDB9DD

Amount of Each Receipt this Period

660.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

NRA-POLITICAL VICTORY FUND

Mailing Address 11250 WAPLES MILL ROAD

City  
FAIRFAXState  
VAZip Code  
22030FEC ID number of contributing  
federal political committee.**C** C00053553

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : AAD5E021323CF47B0BB4

Amount of Each Receipt this Period

1000.00

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

2660.00

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

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

PAGE 28 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

SAP AMERICA INC PAC

**A.** Mailing Address 3999 W CHESTER PIKE

City

NEWTOWN SQUARE

State

PA

Zip Code

19073-2305

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

C00367375

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : ADCBB8D9906264BC5853

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)  
SCIENCE APPLICATIONS INTERNATIONAL CORPORATION VOLUNTARY PAC

Mailing Address 12010 SUNSET HILLS RD

City

RESTON

State

VA

Zip Code

20190-5856

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

C00300418

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : A70AEC50370A840F6BDD

Amount of Each Receipt this Period

1000.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)  
SIEMENS CORPORATION PACMailing Address 200 MASSACHUSETTS AVE NW  
STE 600

City

WASHINGTON

State

DC

Zip Code

20001-6565

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

C00353797

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : AC9FBC64E5ED14D81B54

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

PAGE 29 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

SIERRA NEVADA COMPANY, LLC PAC

A.

Mailing Address 2231 CRYSTAL DR  
STE 1113City  
ARLINGTONState  
VAZip Code  
22202-3727FEC ID number of contributing  
federal political committee.

C C00367995

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID : A5933B076B0644ADE971

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE (STATE F

B.

Mailing Address ONE STATE FARM PLAZA  
C/O JUSTIN TIPSORD, TREASURER, D2City  
BLOOMINGTONState  
ILZip Code  
61710-0001FEC ID number of contributing  
federal political committee.

C C00544817

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 12 2025

Transaction ID : A2E4A629C1F04417DB44

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

STUTZMAN FOR CONGRESS

C.

Mailing Address PO BOX 339

City  
HOWEState  
INZip Code  
46746-0339FEC ID number of contributing  
federal political committee.

C C00838110

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1320.00

Date of Receipt

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

Transaction ID : A21BA352D4B9A498EB7C

Amount of Each Receipt this Period

1320.00

☐ Memo Item

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

4320.00

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

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

PAGE 30 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**TEXTRON INC. POLITICAL ACTION COMMITTEE**

Mailing Address 40 WESTMINSTER STREET

City  
PROVIDENCEState  
RIZip Code  
02903FEC ID number of contributing  
federal political committee.**C** C00123612

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 Y Y
09		24		2025

Transaction ID : A132A48BB4B5B4A34B18

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**THE COUNCIL OF INSURANCE AGENTS & BROKERS POLITICAL ACTION COMMITTEE**Mailing Address 701 PENNSYLVANIA AVENUE, NW  
SUITE 750City  
WASHINGTONState  
DCZip Code  
20004FEC ID number of contributing  
federal political committee.**C** C00039578

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID : AC335F715268B4AF6BCF

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**THE FARM CREDIT COUNCIL PAC**Mailing Address 50 F ST NW  
STE 900City  
WASHINGTONState  
DCZip Code  
20001-1530FEC ID number of contributing  
federal political committee.**C** C00193631

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		15		2025

Transaction ID : AD6404B1EF50C41778AD

Amount of Each Receipt this Period

1000.00

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

4500.00

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

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

PAGE 31 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**THE FARM CREDIT COUNCIL PAC****A.**Mailing Address 50 F ST NW  
STE 900City  
WASHINGTONState  
DCZip Code  
20001-1530FEC ID number of contributing  
federal political committee.**C** C00193631

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID : AB27B5F7F4AE34B90B87

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**VALERO PAC****B.**

Mailing Address ONE VALERO WAY

City  
SAN ANTONIOState  
TXZip Code  
78249FEC ID number of contributing  
federal political committee.**C** C00109546

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID : AB7A24955376246F5A2D

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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

7000.00

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

79980.00

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

PAGE 32 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. 814 CONSULTING**

Mailing Address 5827 COLFAX AVE

City  
ALEXANDRIAState  
VAZip Code  
22311Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1924.93

Transaction ID : BE6C399D4BCB741D9852

☐ Memo Item**B. 814 CONSULTING**

Mailing Address 5827 COLFAX AVE

City  
ALEXANDRIAState  
VAZip Code  
22311Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

8235.00

Transaction ID : B0B44BB726CE44D20AA7

☐ Memo Item**C. 814 CONSULTING**

Mailing Address 5827 COLFAX AVE

City  
ALEXANDRIAState  
VAZip Code  
22311Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2312.50

Transaction ID : BC67FE1F566BF411D99D

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

12472.43

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



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

PAGE 33 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DRIVE

City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

685.96

Transaction ID : BFA0D44AD66874022864

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DRIVE

City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

286.48

Transaction ID : B39B9171625B14330A60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DRIVE

City  
FORT WORTHState  
TXZip Code  
76155Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

5.60

Transaction ID : B712D78DD14B64B49BBE

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

978.04

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

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

PAGE 34 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE**

Mailing Address 251 H ST NW

Date of Disbursement

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

City  
WASHINGTONState  
DCZip Code  
20001-2604

FEC Identification Number

**C** C00797670Purpose of Disbursement  
EVENT FACILITY RENTAL

001

Amount of Each Disbursement this Period

300.00

Transaction ID : BAF8CC760AB194DD18C8

☐ Memo Item

Candidate Name

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

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:

Full Name (Last, First, Middle Initial)

**B. AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE**

Mailing Address 251 H ST NW

Date of Disbursement

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

City  
WASHINGTONState  
DCZip Code  
20001-2604

FEC Identification Number

**C** C00797670Purpose of Disbursement  
EVENT FACILITY RENTAL

001

Amount of Each Disbursement this Period

150.00

Transaction ID : BB6F4857E8F184F20BFD

☐ Memo Item

Candidate Name

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

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:

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	5

City  
NEW ORLEANSState  
LAZip Code  
70112

FEC Identification Number

**C**Purpose of Disbursement  
CC TRANSACTION FEESCategory/  
Type

Amount of Each Disbursement this Period

7.60

Transaction ID : B69E1F613456A4BD6911

☐ Memo Item

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

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

457.60

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

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

PAGE 35 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

9.78

Transaction ID : BEA2CD21B53FB49B0879

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

28.33

Transaction ID : B0C25050CC68D49BEA80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

18.55

Transaction ID : BA9BD57B037C34AF0886

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

56.66

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

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

PAGE 36 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

46.58

Transaction ID : B3713C084E0194E9EBC5

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

36.80

Transaction ID : B64B385BE995748FD8E3

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

76.38

Transaction ID : BD176E6042C8C42899FA

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

159.76

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

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

PAGE 37 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

18.55

Transaction ID : BDC9150285D21450D952

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT**

Mailing Address 1340 POYDRAS ST

City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

93.15

Transaction ID : B1215538C1B7E412EA6A

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ARISTOTLE INTERNATIONAL, INC**

Mailing Address PO BOX 716045

City  
PHILADELPHIAState  
PAZip Code  
19171-6045Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought: 

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

2558.40

Transaction ID : BE3B511B1BEFD459FB89

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

2670.10

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

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

PAGE 38 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. ARISTOTLE INTERNATIONAL, INC**

Mailing Address PO BOX 716045

City  
PHILADELPHIAState  
PAZip Code  
19171-6045Purpose of Disbursement  
SOFTWARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2558.40

Transaction ID : BC816EE3CB6964C8884D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
EVENT CATERING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

690.96

Transaction ID : B46C2402BF4394C4D91E

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
MEETING EXPENSE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

265.20

Transaction ID : B0E72DE71D3174D1FB1C

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

3514.56

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

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

PAGE 39 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CATCH DIGITAL STRATEGY**

Mailing Address 2714 WASHINGTON STREET

City  
GREENVILLEState  
TXZip Code  
75401Purpose of Disbursement  
DIGITAL CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

375.78

Transaction ID : BDAA54E0FEC7A4BCA88B

☐ Memo Item**B. CLASSIC CITY BANK**

Mailing Address 2365 W BROAD ST

City  
ATHENSState  
GAZip Code  
30606-3417Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : B5BBE0C2B4F1C4E10B3E

☐ Memo Item**C. CLASSIC CITY BANK**

Mailing Address 2365 W BROAD ST

City  
ATHENSState  
GAZip Code  
30606-3417Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : B30A5663A325541CE904

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

415.78

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

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

PAGE 40 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. CLASSIC CITY BANK**

Mailing Address 2365 W BROAD ST

City  
ATHENSState  
GAZip Code  
30606-3417Purpose of Disbursement  
BANK FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

20.00

Transaction ID : B2C60C7689A4E4469A4A

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DEMOCRACY ENGINE**Mailing Address 416 FLORIDA AVE NW  
26418City  
WASHINGTONState  
DCZip Code  
20001-9901Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

200.00

Transaction ID : B4F8D0791FAB24282BE1

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DEMOCRACY ENGINE**Mailing Address 416 FLORIDA AVE NW  
26418City  
WASHINGTONState  
DCZip Code  
20001-9901Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

175.00

Transaction ID : B27A19650761B46DD9AF

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

395.00

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



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

PAGE 41 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. DEMOCRACY ENGINE**Mailing Address 416 FLORIDA AVE NW  
26418City  
WASHINGTONState  
DCZip Code  
20001-9901Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : BA7C83AA2D56E41DB84D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. DEMOCRACY ENGINE**Mailing Address 416 FLORIDA AVE NW  
26418City  
WASHINGTONState  
DCZip Code  
20001-9901Purpose of Disbursement  
CC TRANSACTION FEES

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

40.00

Transaction ID : B34F7A7F84F8E43ABB0A

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DILLARD, JAMES, , ,**

Mailing Address 19137 FERN MEADOW LOOP

City  
LUTZState  
FLZip Code  
33558-4003Purpose of Disbursement  
RESEARCH

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : B982033BEEB5E4E84971

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

2090.00

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

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

PAGE 42 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. DILLARD, JAMES, , ,**

Mailing Address 19137 FERN MEADOW LOOP

City  
LUTZState  
FLZip Code  
33558-4003Purpose of Disbursement  
RESEARCH

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : BA119FB4720684068890

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FALLON, PATRICK, , ,**

Mailing Address PO BOX 614

City  
CELINAState  
TXZip Code  
75009-0614Purpose of Disbursement  
SEE MEMO

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

834.73

Transaction ID : BB9A8D17E2364436B9FB

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. COUNTY CLARE IRISH HOTEL & PUB**

Mailing Address 1234 N ASTOR ST

City  
MILWAUKEEState  
WIZip Code  
53202-2822Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

521.07

Transaction ID : B8A907F6D4D2347E6904

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

2834.73

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

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

PAGE 43 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
GROUND TRANSPORTATION

Candidate Name

Office Sought:  

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:  

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

313.66

Transaction ID : B89EEF59CDD5348298E1

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. GSS VENTURE LLC**

Mailing Address 12255 RANCH HOUSE RD

City  
SAN DIEGOState  
CAZip Code  
92128-1229Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name

Office Sought:  

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:  

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

15000.00

Transaction ID : BA2C4CAFBFEC74B1B8C6

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. GSS VENTURE LLC**

Mailing Address 12255 RANCH HOUSE RD

City  
SAN DIEGOState  
CAZip Code  
92128-1229Purpose of Disbursement  
EVENT SUPPLIES

Candidate Name

Office Sought:  

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:  

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

2500.00

Transaction ID : B5893DB61D76F45E8A28

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

17500.00

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

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

PAGE 44 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. HIGGINBOTHAM, AUSTIN, , ,**Mailing Address 420 16TH ST SE  
APT B1City  
WASHINGTONState  
DCZip Code  
20003-2743Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : BD6431653FEAC42A0ADF

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. HIGGINBOTHAM, AUSTIN, , ,**Mailing Address 420 16TH ST SE  
APT B1City  
WASHINGTONState  
DCZip Code  
20003-2743Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : B23F7D11E82E5468EAF8

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HIGGINBOTHAM, AUSTIN, , ,**Mailing Address 420 16TH ST SE  
APT B1City  
WASHINGTONState  
DCZip Code  
20003-2743Purpose of Disbursement  
FIELD CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : B93EDF532E6F94B08B8F

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

1500.00

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

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

PAGE 45 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. MARRIOTT**

Mailing Address 7750 WISCONSIN AVE

City  
BETHESDAState  
MDZip Code  
20814Purpose of Disbursement  
LODGING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

253.00

Transaction ID : BCEC0A33968474EAF86F

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OMNI FORT WORTH HOTEL**

Mailing Address 1300 HOUSTON ST

City  
FORT WORTHState  
TXZip Code  
76102-6556Purpose of Disbursement  
VOID OF PREVIOUS- EXPENSE NOT INCURRED

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

- 377.39

Transaction ID : B784F77A9DCFB41E39F5

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PATRIOT PROMOTIONS**Mailing Address 431 N GRAHAM ST  
#286City  
STEPHENVILLEState  
TXZip Code  
76401-3504Purpose of Disbursement  
PROMOTIONAL ITEMS- T-SHIRTS

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

40307.97

Transaction ID : B882798C1EB0F465380F

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

40183.58

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

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

PAGE 46 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. PROFESSIONAL DATA SERVICES, INC.**Mailing Address 824 MILLEDGE CIR  
STE 101City  
ATHENSState  
GAZip Code  
30606Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2032.90

Transaction ID : B951523E2BFBD4DD1BF4

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PROFESSIONAL DATA SERVICES, INC.**Mailing Address 824 MILLEDGE CIR  
STE 101City  
ATHENSState  
GAZip Code  
30606Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2032.78

Transaction ID : B1BA17B0B6A9F415F826

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. PROFESSIONAL DATA SERVICES, INC.**Mailing Address 824 MILLEDGE CIR  
STE 101City  
ATHENSState  
GAZip Code  
30606Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2064.20

Transaction ID : BD0D81D94216641BD81F

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

6129.88

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

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

PAGE 47 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. PROFESSIONAL DATA SERVICES, INC.**Mailing Address 824 MILLEDGE CIR  
STE 101City  
ATHENSState  
GAZip Code  
30606Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2027.46

Transaction ID : B430FDCC1A4EC4DA79CF

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SIMIEN, ERIK, , ,**

Mailing Address 6600 MCKINNEY RANCH

City  
MCKINNEYState  
TXZip Code  
75070-8265Purpose of Disbursement  
SIGN REMOVAL

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : B69DA757DB4AC464FB2E

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SIMIEN, ERIK, , ,**

Mailing Address 6600 MCKINNEY RANCH

City  
MCKINNEYState  
TXZip Code  
75070-8265Purpose of Disbursement  
RESEARCH

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : BFC8873FB794844D9A85

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

4577.46

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

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

PAGE 48 OF 53

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

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NAME OF COMMITTEE (In Full)

**FALLON FOR CONGRESS**

Full Name (Last, First, Middle Initial)

**A. SOUTHWEST AIRLINES**

Mailing Address 2702 LOVE FIELD DR

City  
DALLASState  
TXZip Code  
75235Purpose of Disbursement  
AIRFARE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

318.48

Transaction ID : BB187E64D271045B18D2

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

19.92

Transaction ID : B006D752C465A4D14BBF

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

3.00

Transaction ID : B63C9A8607D624CB9A3E

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

341.40

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



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

PAGE 49 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. UBER**

Mailing Address 1455 MARKET STREET

City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
GROUND TRANSPORTATION

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

19.59

Transaction ID : BECDB9BDCC6B64257AF0

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTONState  
DCZip Code  
20260-0004Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

5.30

Transaction ID : BA73BD15157B44B3F830

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTONState  
DCZip Code  
20260-0004Purpose of Disbursement  
POSTAGE

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

11.38

Transaction ID : B3678ECE6CCEB47399FA

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

36.27

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

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

PAGE 50 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08	/	08	/	2025

City  
WASHINGTONState  
DCZip Code  
20260-0004

FEC Identification Number

C

Purpose of Disbursement  
POSTAGE

001

Amount of Each Disbursement this Period

6.37

Transaction ID : BD86E1FB3FE744BB58A9

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09	/	02	/	2025

City  
WASHINGTONState  
DCZip Code  
20260-0004

FEC Identification Number

C

Purpose of Disbursement  
POSTAGE

001

Amount of Each Disbursement this Period

52.96

Transaction ID : BA5060430F2B541B1BA2

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

Date of Disbursement

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

City  
WASHINGTONState  
DCZip Code  
20260-0004

FEC Identification Number

C

Purpose of Disbursement  
POSTAGE

001

Amount of Each Disbursement this Period

5.43

Transaction ID : B5D66E0D5CCA54A48A2D

☐ Memo Item

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:

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

64.76

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

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

PAGE 51 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. USPS**

Mailing Address 475 L'ENFANT PLAZA SW

City  
WASHINGTONState  
DCZip Code  
20260-0004Purpose of Disbursement  
POSTAGE

001

Category/  
Type

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

6.08

Transaction ID : B6A2EA709DC6E47C1805

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ 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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

6.08

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

96384.09

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

PAGE 52 OF 53

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

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NAME OF COMMITTEE (In Full)

FALLON FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. GRIFFIN, AMY, , ,**

Mailing Address 8912 CRESTVIEW DR

City  
DENTONState  
TXZip Code  
76207-8602Purpose of Disbursement  
REFUND

010

Category/  
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2024

<input checked="" type="checkbox"/>	Primary	<input type="checkbox"/> General
<input type="checkbox"/>	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : BC2C96C0381F4487BB73

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ 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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

2500.00

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

2500.00

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

PAGE 53 OF 53

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 : C04E0A4F9BBE04A70ABC

FALLON FOR CONGRESS

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

☐ Memo Item

Election: 2020

☐ Primary☐ General☒ Other (specify) ▼

CONVENTION

Mailing Address

PO BOX 614

City

CELINA

State

TX

ZIP Code

75009-0614

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
07 31 / 2020M M / D D / Y Y Y Y  
12 31 / 2020

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).....▶

25000.00

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

25000.00

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