

**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

Schlaefer For Congress

ADDRESS (number and street)

P.O. Box 17

Check if different  
than previously  
reported. (ACC)

Bancroft

IA

50517

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00918714

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

IA

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

2025

through

M M /

D D /

Y Y Y Y

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

Schlaefer, Lexis, , ,

Signature of Treasurer

Schlaefer, Lexis, , ,

Date

M M /

D D /

Y Y Y Y

01

31

2026

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

Schlaefer For Congress

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2025

To:

MM / DD / YYYY  
12 / 31 / 2025

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e))....                                              | 2012.50                 | 2012.50                            |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 0.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 2012.50                 | 2012.50                            |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 5697.03                 | 5697.03                            |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14).....                                               | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 5697.03                 | 5697.03                            |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27).....                                              | 2012.50                 |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 5697.03                 |                                    |

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

Schlaefer For Congress

Report Covering the Period:

From:

MM / DD / YYYY  
01 / 01 / 2025

To:

MM / DD / YYYY  
12 / 31 / 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).....

1257.50

1257.50

(ii) Unitemized .....

650.00

650.00

(iii) TOTAL of contributions  
from individuals ▶

1907.50

1907.50

(b) Political Party Committees.....

0.00

0.00

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

0.00

0.00

(d) The Candidate .....

105.00

105.00

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

2012.50

2012.50

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

0.00

0.00

## 13. LOANS:

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

5697.03

5697.03

(b) All Other Loans.....

0.00

0.00

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

5697.03

5697.03

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

0.00

0.00

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

0.00

0.00

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

7709.53

7709.53

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 05/2016)

| II. DISBURSEMENTS                                                            | COLUMN A<br>Total This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES.....                                              | 5697.03                       | 5697.03                            |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                        | 0.00                          | 0.00                               |
| 19. LOAN REPAYMENTS:                                                         |                               |                                    |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....                     | 0.00                          | 0.00                               |
| (b) Of All Other Loans .....                                                 | 0.00                          | 0.00                               |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....                  | 0.00                          | 0.00                               |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                             |                               |                                    |
| (a) Individuals/Persons Other<br>Than Political Committees .....             | 0.00                          | 0.00                               |
| (b) Political Party Committees.....                                          | 0.00                          | 0.00                               |
| (c) Other Political Committees<br>(such as PACs) .....                       | 0.00                          | 0.00                               |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c)).....       | 0.00                          | 0.00                               |
| 21. OTHER DISBURSEMENTS .....                                                | 0.00                          | 0.00                               |
| 22. <b>TOTAL DISBURSEMENTS</b><br>(add Lines 17, 18, 19(c), 20(d), and 21) ► | 5697.03                       | 5697.03                            |

## **III. CASH SUMMARY**

|                                                                                       |         |
|---------------------------------------------------------------------------------------|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 0.00    |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 7709.53 |
| 25. SUBTOTAL (add Line 23 and Line 24).....                                           | 7709.53 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 5697.03 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 2012.50 |

# **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 5 OF 16

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

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

NAME OF COMMITTEE (In Full)

**Schlaefer For Congress**

Full Name (Last, First, Middle Initial)

Giuoco, Gianna, , ,

**A.**

Mailing Address 25289 Raccoon Ford Road

City

Culpeper

State

VA

Zip Code

22701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hope and Harmony

Occupation

Counselor

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

257.50

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 21 2025

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

257.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

Schlaefer, David, , ,

**B.**

Mailing Address 1900 N. 4th

City

McAllen

State

TX

Zip Code

78501

FEC ID number of contributing  
federal political committee.

C

Name of Employer

State Department

Occupation

FSO

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  
11 20 2025

Transaction ID : SA11AI.4100

Amount of Each Receipt this Period

1000.00

☐ 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)..... ▶

1257.50

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

1257.50

**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 16

|                              |                              |                              |                                         |                             |
|------------------------------|------------------------------|------------------------------|-----------------------------------------|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input checked="" 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)

Schlaefer For Congress

Full Name (Last, First, Middle Initial)

Schlaefer, Christian, , ,

A. Mailing Address P.O. Box 17

City

Bancroft

State

IA

Zip Code

50517

FEC ID number of contributing  
federal political committee.

C H6IA04225

Name of Employer  
SAPOccupation  
Project Manager

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4882.92

Date of Receipt

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

Transaction ID : SA11D.4168

Amount of Each Receipt this Period

105.00

☐ Memo ItemB. Full Name (Last, First, Middle Initial)  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo ItemC. Full Name (Last, First, Middle Initial)  
Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

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

105.00

105.00

# **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 7 OF 16

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

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

NAME OF COMMITTEE (In Full)

**Schlaefer For Congress**

Full Name (Last, First, Middle Initial)

Schlaefer, Christian, , ,

**A.**

Mailing Address P.O. Box 17

City

Bancroft

State

IA

Zip Code

50517

FEC ID number of contributing  
federal political committee.

**C** H6IA04225

Name of Employer  
SAP

Occupation  
Project Manager

Receipt For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle-to-Date ▼

3161.98

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 31 2025

Transaction ID : SA13A.4123

Amount of Each Receipt this Period

3161.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

Schlaefer, Christian, , ,

**B.**

Mailing Address P.O. Box 17

City

Bancroft

State

IA

Zip Code

50517

FEC ID number of contributing  
federal political committee.

**C** H6IA04225

Name of Employer  
SAP

Occupation  
Project Manager

Receipt For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle-to-Date ▼

4777.92

Date of Receipt

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

Transaction ID : SA13A.4124

Amount of Each Receipt this Period

1615.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

Schlaefer, Christian, , ,

**C.**

Mailing Address P.O. Box 17

City

Bancroft

State

IA

Zip Code

50517

FEC ID number of contributing  
federal political committee.

**C** H6IA04225

Name of Employer  
SAP

Occupation  
Project Manager

Receipt For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle-to-Date ▼

5172.82

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 31 2025

Transaction ID : SA13A.4125

Amount of Each Receipt this Period

289.90

☐ Memo Item

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

5067.82

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 16

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

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

NAME OF COMMITTEE (In Full)

**Schlaefer For Congress**

Full Name (Last, First, Middle Initial)

Schlaefer, Christian, , ,

**A.**

Mailing Address P.O. Box 17

City

Bancroft

State

IA

Zip Code

50517

FEC ID number of contributing  
federal political committee.

**C** H6IA04225

Name of Employer  
SAP

Occupation  
Project Manager

Receipt For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle-to-Date ▼

5469.77

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2025

Transaction ID : SA13A.4126

Amount of Each Receipt this Period

296.95

☐ Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Schlaefer, Christian, , ,

Mailing Address P.O. Box 17

City

Bancroft

State

IA

Zip Code

50517

FEC ID number of contributing  
federal political committee.

**C** H6IA04225

Name of Employer  
SAP

Occupation  
Project Manager

Receipt For: 2026

☐ Primary ☐ General  
☒ Other (specify) ▼

Election Cycle-to-Date ▼

5802.03

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 / 31 / 2025

Transaction ID : SA13A.4127

Amount of Each Receipt this Period

332.26

☐ Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

629.21

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

5697.03

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

PAGE 9 OF 16

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

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)

Schlaefer For Congress

Full Name (Last, First, Middle Initial)

**A. Best Buy**

Mailing Address 1895 Adams St

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 04  |   | 2025    |

City  
MankatoState  
MNZip Code  
56001

FEC Identification Number

C

Purpose of Disbursement  
Media Equipment

001

Amount of Each Disbursement this Period

461.63

Transaction ID : SB17.4154

☐ 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. Fiverr**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 05  |   | 2025    |

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement  
Graphic Design

001

Amount of Each Disbursement this Period

503.24

Transaction ID : SB17.4140

☐ 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. Fiverr**

Mailing Address

Date of Disbursement

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 09  |   | 12  |   | 2025    |

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement  
Video Editing

001

Amount of Each Disbursement this Period

54.04

Transaction ID : SB17.4142

☐ 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).....▶

1018.91

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

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

PAGE 10 OF 16

|                                               |                              |                              |                              |
|-----------------------------------------------|------------------------------|------------------------------|------------------------------|
| <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  |

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)

Schlaefer For Congress

Full Name (Last, First, Middle Initial)

**A. Google**

Mailing Address 1600 Amphitheatre Pkwy

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 |   | 3 | 1 |   | 2 | 0 | 2 | 5 |

City  
Mountain ViewState  
CAZip Code  
94043

FEC Identification Number

C

Purpose of Disbursement  
Digital Workspace and Phone Line Charges

001

Amount of Each Disbursement this Period

1085.02

Transaction ID : SB17.4137

☐ 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. Rush Order Tees**

Mailing Address 2727 Commerce Way

Date of Disbursement

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

City  
PhiladelphiaState  
PAZip Code  
19154

FEC Identification Number

C

Purpose of Disbursement  
Campaign Apparel

006

Amount of Each Disbursement this Period

947.85

Transaction ID : SB17.4133

☐ 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. Signs on the Cheap**

Mailing Address

Date of Disbursement

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

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement  
Yard Signs

006

Amount of Each Disbursement this Period

575.12

Transaction ID : SB17.4130

☐ 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).....▶

2607.99

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

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

PAGE 11 OF 16

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <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  |

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)

Schlaefer For Congress

Full Name (Last, First, Middle Initial)

**A. Squarespace**

Mailing Address 225 Varick Street

City  
New YorkState  
NYZip Code  
10014Purpose of Disbursement  
Web Hosting

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 12  | 31  | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

420.51

Transaction ID : SB17.4143

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. VistaPrint**

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
Printed Material

006

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|     |     |         |
|-----|-----|---------|
| M M | D D | Y Y Y Y |
| 09  | 02  | 2025    |

FEC Identification Number

C

Amount of Each Disbursement this Period

1314.63

Transaction ID : SB17.4147

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ 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).....▶

1735.14

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

5362.04

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

PAGE 12 OF 16

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4123

Schlaefer For Congress

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

Election: 2026

Schlaefer, Christian, , ,

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address

P.O. Box 17

City

State

ZIP Code

Bancroft

IA

50517

☒ Personal Funds of the Candidate

Original Amount of Loan

3161.98

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3161.98

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
08 31 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

3161.98

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

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

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

PAGE 13 OF 16

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4124

Schlaefer For Congress

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

Election: 2026

Schlaefer, Christian, , ,

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address

P.O. Box 17

City

State

ZIP Code

Bancroft

IA

50517

☒ Personal Funds of the Candidate

Original Amount of Loan

1615.94

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1615.94

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

1615.94

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

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

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

PAGE 14 OF 16

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4125

Schlaefer For Congress

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

Election: 2026

Schlaefer, Christian, , ,

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address

P.O. Box 17

City

State

ZIP Code

Bancroft

IA

50517

☒ Personal Funds of the Candidate

Original Amount of Loan

289.90

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

289.90

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
10 31 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

289.90

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

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

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

PAGE 15 OF 16

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4126

Schlaefer For Congress

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

Election: 2026

Schlaefer, Christian, , ,

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address

P.O. Box 17

City

State

ZIP Code

Bancroft

IA

50517

☒ Personal Funds of the Candidate

Original Amount of Loan

296.95

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

296.95

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
11 30 / 2025M M / D D / Y Y Y Y  
NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

296.95

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

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

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

PAGE 16 OF 16

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4127

Schlaefer For Congress

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

Election: 2026

Schlaefer, Christian, , ,

☐ Primary☐ General☒ Other (specify) ▼

Mailing Address

P.O. Box 17

City

State

ZIP Code

Bancroft

IA

50517

☒ Personal Funds of the Candidate

Original Amount of Loan

332.26

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

332.26

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
12 31 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

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

332.26

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

5697.03

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