

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

FRIENDS OF TERA ANDERSON

Report Covering the Period: From: M M / D D / Y Y Y Y 10 / 01 / 2025 To: M M / D D / Y Y Y Y 12 / 31 / 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))	14162.00	140452.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	14162.00	140452.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	33142.89	71843.92
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	33142.89	71843.92
8. Cash on Hand at Close of Reporting Period (from Line 27)	168708.08	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	100100.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF TERA ANDERSON

Report Covering the Period: From: / / To: / /

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).....	14027.00	139577.00
(ii) Unitemized.....	135.00	875.00
(iii) TOTAL of contributions from individuals ▶	14162.00	140452.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	14162.00	140452.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	100100.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	100100.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	14162.00	240552.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	33142.89	71843.92
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	33142.89	71843.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	187688.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14162.00
25. SUBTOTAL (add Line 23 and Line 24).....	201850.97
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	33142.89
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	168708.08

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 19
(check only one)
 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)
FRIENDS OF TERA ANDERSON

A. Full Name (Last, First, Middle Initial)
Fitzpatrick, Tod, , ,

Mailing Address 1930 Village Center Cir
3-401

City Las Vegas State NV Zip Code 89134

FEC ID number of contributing federal political committee.

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.4337

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
Kraft, Michael, , ,

Mailing Address 9325 W Sahara Ave

City Las Vegas State NV Zip Code 89117

FEC ID number of contributing federal political committee.

Name of Employer CAI Investments Occupation CFO

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2025

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Maalouf, Georges, , ,

Mailing Address 16 Golf Estates Drive

City Las Vegas State NV Zip Code 89141

FEC ID number of contributing federal political committee.

Name of Employer Self-Employed Occupation Business Owner

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 17 / 2025

Transaction ID : SA11AI.4325

Amount of Each Receipt this Period

Memo Item

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 Page

FOR LINE NUMBER: (check only one)		PAGE 6 OF 19	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF TERA ANDERSON

A. Full Name (Last, First, Middle Initial)
Martin, Frank, , ,

Mailing Address 3030 South Highland Dr

City Las Vegas	State NV	Zip Code 89109
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FEC ID number of contributing federal political committee. **C**

Name of Employer Martin Harris Construction	Occupation President
--	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 02 / 2025

Transaction ID : SA11AI.4282

Amount of Each Receipt this Period
750.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Maskala, Arthur, , ,

Mailing Address PO BOx 33609

City Las Vegas	State NV	Zip Code 89133
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 30 / 2025

Transaction ID : SA11AI.4339

Amount of Each Receipt this Period
3500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Nevada Dragonridge LLC

Mailing Address 552 S Stephanie St

City Henderson	State NV	Zip Code 89012
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FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2025

Transaction ID : SA11AI.4311

Amount of Each Receipt this Period
3500.00

Memo Item
JFC Partnership

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

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

7750.00

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 19	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
FRIENDS OF TERA ANDERSON

A. Full Name (Last, First, Middle Initial)
MacDonald, Richard, , ,

Mailing Address 5476 Tres Piedras Rd

City Las Vegas	State NV	Zip Code 89122
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FEC ID number of contributing federal political committee. **C**

Name of Employer Retired	Occupation Retired
-----------------------------	-----------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 21 / 2025

Transaction ID : SA11AI.4311.0

Amount of Each Receipt this Period

Memo Item
 Attributed to Nevada Dragonridge LLC

B. Full Name (Last, First, Middle Initial)
Park, Michael, , ,

Mailing Address 13 Hummingbird Ln

City Henderson	State NV	Zip Code 89014
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Real Estate Broker
-----------------------------------	----------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 07 / 2025

Transaction ID : SA11AI.4284

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
Park, Michael, , ,

Mailing Address 13 Hummingbird Ln

City Henderson	State NV	Zip Code 89014
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Real Estate Broker
-----------------------------------	----------------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 / 13 / 2025

Transaction ID : SA11AI.4293

Amount of Each Receipt this Period

Memo Item

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 Page

FOR LINE NUMBER: PAGE 8 OF 19
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
FRIENDS OF TERA ANDERSON

A. Full Name (Last, First, Middle Initial)
Scialo, Rudolph, , ,

Mailing Address 1419 HOmetown Ave

City Henderson State NV Zip Code 89074

FEC ID number of contributing federal political committee. C

Name of Employer Retired Occupation Retired

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 05 / 2025

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Vance, Edward, , ,

Mailing Address 1612 Wincanton Dr

City Las Vegas State NV Zip Code 89134

FEC ID number of contributing federal political committee. C

Name of Employer EVA Occupation Architect

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 Y
12 / 22 / 2025

Transaction ID : SA11AI.4327

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Zornes, Gary, , ,

Mailing Address 232 Valare St

City Henderson State NV Zip Code 89146

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation Hospitality

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 777.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2025

Transaction ID : SA11AI.4287

Amount of Each Receipt this Period
777.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	1277.00
TOTAL This Period (last page this line number only)..... ▶	14027.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF TERA ANDERSON

Full Name (Last, First, Middle Initial) A. Alchemy Associates			Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2025	
Mailing Address 3225 McLeod Dr #110			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Fundraising/Admin Consulting		Category/ Type	Transaction ID : SB17.4277	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Alchemy Associates			Date of Disbursement M M / D D / Y Y Y Y 11 / 05 / 2025	
Mailing Address 3225 McLeod Dr #110			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Fundraising/Admin Consulting		Category/ Type	Transaction ID : SB17.4295	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Alchemy Associates			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2025	
Mailing Address 3225 McLeod Dr #110			FEC Identification Number C	
City Las Vegas	State NV	Zip Code 89121	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement Fundraising / Admin Consulting		Category/ Type	Transaction ID : SB17.4320	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2025 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	6000.00
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 Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF TERA ANDERSON

Full Name (Last, First, Middle Initial) A. Bank of Nevada		Date of Disbursement M M / D D / Y Y Y Y 10 / 22 / 2025
Mailing Address PO Box 26237		FEC Identification Number C
City Las Vegas	State NV	Zip Code 89126
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period 61.33
Candidate Name	Category/ Type	Transaction ID : SB17.4290
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Bank of Nevada		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2025
Mailing Address PO Box 26237		FEC Identification Number C
City Las Vegas	State NV	Zip Code 89126
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period 49.30
Candidate Name	Category/ Type	Transaction ID : SB17.4313
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Bank of Nevada		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025
Mailing Address PO Box 26237		FEC Identification Number C
City Las Vegas	State NV	Zip Code 89126
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period 49.05
Candidate Name	Category/ Type	Transaction ID : SB17.4329
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	159.68
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 Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF TERA ANDERSON

Full Name (Last, First, Middle Initial) A. Capital Cornered, LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2025	
Mailing Address 320 Lawrence Rd			FEC Identification Number C	
City Cary	State NC	Zip Code 27511	Amount of Each Disbursement this Period 1600.00	
Purpose of Disbursement Fundraising Fees		Category/ Type	Transaction ID : SB17.4341	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Pathfinder Strategic LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2025	
Mailing Address 77 Country Club Dr			FEC Identification Number C	
City Mill Valley	State CA	Zip Code 94941	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement Political / Admin Consulting		Category/ Type	Transaction ID : SB17.4278	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Pathfinder Strategic LLC			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2025	
Mailing Address 77 Country Club Dr			FEC Identification Number C	
City Mill Valley	State CA	Zip Code 94941	Amount of Each Disbursement this Period 45.00	
Purpose of Disbursement Reimbursement Email Communications: See Below		Category/ Type	Transaction ID : SB17.4279	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4645.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF TERA ANDERSON

Full Name (Last, First, Middle Initial) A. Pathfinder Strategic LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2025	
Mailing Address 77 Country Club Dr			FEC Identification Number C	
City Mill Valley	State CA	Zip Code 94941	Amount of Each Disbursement this Period 3000.00	
Purpose of Disbursement Political / Admin Consulting		Category/ Type	Transaction ID : SB17.4296	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Pathfinder Strategic LLC			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2025	
Mailing Address 77 Country Club Dr			FEC Identification Number C	
City Mill Valley	State CA	Zip Code 94941	Amount of Each Disbursement this Period 1003.03	
Purpose of Disbursement Reimbursement: See Below		Category/ Type	Transaction ID : SB17.4297	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. United Airlines			Date of Disbursement M M / D D / Y Y Y Y 11 / 12 / 2025	
Mailing Address 1200 EAST ALGONQUIN RD			FEC Identification Number C	
City ELK GROVE VILLAGE	State IL	Zip Code 60007	Amount of Each Disbursement this Period 318.48	
Purpose of Disbursement Travel Expenses		Category/ Type	Transaction ID : SB17.4297.1	
Candidate Name		<input checked="" type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	4003.03
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 Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF TERA ANDERSON

A. United Airlines

Full Name (Last, First, Middle Initial)
Mailing Address 1200 EAST ALGONQUIN RD

City ELK GROVE VILLAGE State IL Zip Code 60007

Purpose of Disbursement Travel Expense

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 11 / 12 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 278.48

Transaction ID : SB17.4297.2

Memo Item

B. Pathfinder Strategic LLC

Full Name (Last, First, Middle Initial)
Mailing Address 77 Country Club Dr

City Mill Valley State CA Zip Code 94941

Purpose of Disbursement Digital Advertising

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 11 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 10000.00

Transaction ID : SB17.4314

Memo Item

C. Pathfinder Strategic LLC

Full Name (Last, First, Middle Initial)
Mailing Address 77 Country Club Dr

City Mill Valley State CA Zip Code 94941

Purpose of Disbursement Video Production

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 11 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 2500.00

Transaction ID : SB17.4315

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 12500.00

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 Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF TERA ANDERSON

Full Name (Last, First, Middle Initial) A. Pathfinder Strategic LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2025
Mailing Address 77 Country Club Dr		FEC Identification Number C
City Mill Valley	State CA	Zip Code 94941
Purpose of Disbursement Political / Admin Consulting		Amount of Each Disbursement this Period 3000.00
Candidate Name		Transaction ID : SB17.4317
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Pathfinder Strategic LLC		Date of Disbursement M M / D D / Y Y Y Y 12 / 10 / 2025
Mailing Address 77 Country Club Dr		FEC Identification Number C
City Mill Valley	State CA	Zip Code 94941
Purpose of Disbursement Reimbursement Email Communications: See Below		Amount of Each Disbursement this Period 45.00
Candidate Name		Transaction ID : SB17.4318
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Political Financial Management LLC		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2025
Mailing Address 95 White Bridge Rd Ste 207		FEC Identification Number C
City Nashville	State TN	Zip Code 37205
Purpose of Disbursement Compliance / Accounting		Amount of Each Disbursement this Period 735.00
Candidate Name		Transaction ID : SB17.4292
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	3780.00
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 Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF TERA ANDERSON

Full Name (Last, First, Middle Initial)
A. Wilson, Ted, , ,

Mailing Address 3827 S Carson St

City Carson City State NV Zip Code 89701

Purpose of Disbursement Photography

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 12 / 23 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1750.00

Transaction ID : SB17.4330

Memo Item

Full Name (Last, First, Middle Initial)
B. WinRed Technology Services

Mailing Address 1776 Wilson Blvd

City Arlington State VA Zip Code 22206

Purpose of Disbursement Credit Card Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 31 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 70.01

Transaction ID : SB17.4289

Memo Item

Full Name (Last, First, Middle Initial)
C. WinRed Technology Services

Mailing Address 1776 Wilson Blvd

City Arlington State VA Zip Code 22206

Purpose of Disbursement Credit Card Fees

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 15 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 19.70

Transaction ID : SB17.4310

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1839.71

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 Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 19		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF TERA ANDERSON

Full Name (Last, First, Middle Initial) A. WinRed Technology Services		Date of Disbursement M M / D D / Y Y Y Y 12 / 31 / 2025
Mailing Address 1776 Wilson Blvd		FEC Identification Number C
City Arlington	State VA	Zip Code 22206
Purpose of Disbursement Credit Card Fees		Amount of Each Disbursement this Period 215.47
Candidate Name	Category/ Type	Transaction ID : SB17.4316
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name	Category/ Type	<input type="checkbox"/> Memo Item
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).....▶	215.47
TOTAL This Period (last page this line number only).....▶	33142.89

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4106**
FRIENDS OF TERA ANDERSON

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
ANDERSON, TERA, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 6950 W O BANNON DR SUITE 100		<input type="checkbox"/> General
City State ZIP Code LAS VEGAS NV 89117		<input type="checkbox"/> Other (specify) ▼
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 04 / 25 / 2025	M M / D D / Y Y Y Y 01/31/2035	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	100.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF TERA ANDERSON** Transaction ID : **SC/10.4164**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
ANDERSON, TERA, , ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 6950 W O BANNON DR SUITE 100			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89117	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 30 / 2025	1/31/2040	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **FRIENDS OF TERA ANDERSON** Transaction ID : **SC/10.4250**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
ANDERSON, TERA, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address			<input type="checkbox"/> General
6950 W O BANNON DR			<input type="checkbox"/> Other (specify) ▼
SUITE 100			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
LAS VEGAS	NV	89117	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
50000.00	0.00	50000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 30 / 2025	1/31/2045	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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).....▶	50000.00
TOTALS This Period (last page in this line only).....▶	100100.00

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