

**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

Mondaire for Congress

ADDRESS (number and street)

PO Box 873

Check if different
than previously
reported. (ACC)

Sleepy Hollow

NY

10591

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00711150

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NY

17

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 Petterson, Jay, , ,

Signature of Treasurer

Petterson, Jay, , ,

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

Mondaire for Congress

Report Covering the Period:

From:

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

To:

M M / D D / Y Y Y Y
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))....	0.00	250.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	28009.52
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	- 27759.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1655.82	86428.93
(b) Total Offsets to Operating Expenditures (from Line 14).....	2.92	3965.08
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1652.90	82463.85
8. Cash on Hand at Close of Reporting Period (from Line 27).....	41262.91	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Mondaire 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).....

0.00

250.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL of contributions
from individuals ▶

0.00

250.00

(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))..

0.00

250.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

691.58

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.)

2.92

3965.08

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

0.00

6908.40

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

2.92

11815.06

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.....	1655.82	86428.93
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	27509.52
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	28009.52
21. OTHER DISBURSEMENTS	0.00	5834.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1655.82	120272.45

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	42915.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	2.92
25. SUBTOTAL (add Line 23 and Line 24).....	42918.73
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1655.82
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	41262.91

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

PAGE 5 OF 8

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

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NAME OF COMMITTEE (In Full)

Mondaire for Congress

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7Th Ave

Date of Disbursement

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

City
New YorkState
NYZip Code
10001-6708

FEC Identification Number

C

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

427.12

Transaction ID : 501022144

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7Th Ave

Date of Disbursement

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

City
New YorkState
NYZip Code
10001-6708

FEC Identification Number

C

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

202.73

Transaction ID : 501022145

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 275 7Th Ave

Date of Disbursement

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

City
New YorkState
NYZip Code
10001-6708

FEC Identification Number

C

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

201.12

Transaction ID : 501022146

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

830.97

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

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Mondaire for Congress

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address 200 Vesey St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2025

City
New YorkState
NYZip Code
10285-1000

FEC Identification Number

C

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

322.48

Transaction ID : 501022147

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. American Express

Mailing Address 200 Vesey St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		11		2025

City
New YorkState
NYZip Code
10285-1000

FEC Identification Number

C

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1.47

Transaction ID : 501022148

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Gusto

Mailing Address 525 20Th St

Date of Disbursement

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

City
San FranciscoState
CAZip Code
94107-4345

FEC Identification Number

C

Purpose of Disbursement
Payroll Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

84.80

Transaction ID : 501022149

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

408.75

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)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Mondaire for Congress

Full Name (Last, First, Middle Initial)

A. Gusto

Mailing Address 525 20Th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2025

City
San FranciscoState
CAZip Code
94107-4345

FEC Identification Number

C

Purpose of Disbursement
Payroll Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

84.80

Transaction ID : 501022150

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Gusto

Mailing Address 525 20Th St

Date of Disbursement

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

City
San FranciscoState
CAZip Code
94107-4345

FEC Identification Number

C

Purpose of Disbursement
Payroll Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

84.80

Transaction ID : 501022151

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Intuit QuickBooks

Mailing Address 5601 Headquarters Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		28		2025

City
PlanoState
TXZip Code
75024-5839

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

79.50

Transaction ID : 501022152

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

249.10

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

Mondaire for Congress

Full Name (Last, First, Middle Initial)

A. Intuit QuickBooks

Mailing Address 5601 Headquarters Dr

Date of Disbursement

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

City
PlanoState
TXZip Code
75024-5839

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

79.50

Transaction ID : 501022153

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Intuit QuickBooks

Mailing Address 5601 Headquarters Dr

Date of Disbursement

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

City
PlanoState
TXZip Code
75024-5839

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

79.50

Transaction ID : 501022154

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Westguard Insurance Company

Mailing Address 39 Public Sq

Date of Disbursement

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

City
Wilkes BarreState
PAZip Code
18701-2502

FEC Identification Number

C

Purpose of Disbursement
Workers Compensation Insurance

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.00

Transaction ID : 501022155

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2024

☐ Primary	☒ General
☐ Other (specify) ▼	

State:

District:

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

167.00

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

1655.82