

**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

JIM CARLIN FOR US SENATE

ADDRESS (number and street)

5728 SUNNYBROOK DR



Check if different than previously reported. (ACC)

SIOUX CITY

IA

51106-4249

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00898148

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

IA

00

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

10 / 01 / 2025

through

M M / D D / Y Y Y Y

12 / 31 / 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 CARLIN, JAMES, , ,

Signature of Treasurer

CARLIN, JAMES, , ,

Date

M M / D D / Y Y Y Y

02 / 05 / 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

JIM CARLIN FOR US SENATE

Report Covering the Period:

From:

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

To:

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

	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))	36290.45	94816.08
(b) Total Contribution Refunds (from Line 20(d))	0.00	400.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	36290.45	94416.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	45604.19	213322.92
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	64.37
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	45604.19	213258.55
8. Cash on Hand at Close of Reporting Period (from Line 27)	32413.87	
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)	155806.46	

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

JIM CARLIN FOR US SENATE

Report Covering the Period:

From:

MM / DD / YYYY
10 / 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).....

6885.25

59385.25

(ii) Unitemized

29405.20

35430.83

(iii) TOTAL of contributions
from individuals ▶

36290.45

94816.08

(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))..

36290.45

94816.08

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

40000.00

155806.46

(b) All Other Loans.....

0.00

0.00

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

40000.00

155806.46

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

0.00

64.37

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

0.00

1.59

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

76290.45

250688.50

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.....	45604.19	213322.92
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	400.00
(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	400.00
21. OTHER DISBURSEMENTS	0.00	2580.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	45604.19	216302.92

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1727.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	76290.45
25. SUBTOTAL (add Line 23 and Line 24).....	78018.06
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	45604.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	32413.87

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

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

CARLIN, JAMES, , ,

A.

Mailing Address 43 ARLINGTON RD

City

SIOUX CITY

State

IA

Zip Code

51106-9739

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2025			

Transaction ID : A41FE86A99D944659997

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CHILD, ALICE, , ,

B.

Mailing Address 15127 ELM ST

City

CLEAR LAKE

State

IA

Zip Code

50428-8918

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			18			2025			

Transaction ID : ACF1AEB7CC1F148D899B

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

DAURELLE, THOMAS, , ,

C.

Mailing Address 1016 N ANGUS CT

City

MAQUOKETA

State

IA

Zip Code

52060-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			15			2025			

Transaction ID : ABDCE3702F314CFA9A9

Amount of Each Receipt this Period

300.00

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

3300.00

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

DYKSTRA, PAUL, , ,

A.

Mailing Address 18206 G58 HWY

City

MILO

State

IA

Zip Code

50166-8873

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : AB10B44D16A5249288B4

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

FERGUSON, PAUL, , ,

B.

Mailing Address 1622 MCBRIDE RD

City

VAN METER

State

IA

Zip Code

50261-8561

FEC ID number of contributing
federal political committee.

C

Name of Employer
FERGUSON DRONE SERVICE INCOccupation
OWNER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : A0061A1DEE2904558A12

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GARBE, RICHARD, , ,

C.

Mailing Address 1318 S IRENE ST

City

SIOUX CITY

State

IA

Zip Code

51106-1535

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFORMATION REQUESTEDOccupation
INFORMATION REQUESTED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : A17ED1A49BA974D87B59

Amount of Each Receipt this Period

100.00

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

850.00

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

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

GARBE, RICHARD, , ,

A.

Mailing Address 1318 S IRENE ST

City

SIOUX CITY

State

IA

Zip Code

51106-1535

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 ▼

500.00

Date of Receipt

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

Transaction ID : A86987EC6B6CF4495926

Amount of Each Receipt this Period

100.00



Memo Item

Full Name (Last, First, Middle Initial)

GRAU, HARLAN, , ,

B.

Mailing Address 2065 600TH ST

City

NEWELL

State

IA

Zip Code

50568-7551

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 ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
10			30			2025			

Transaction ID : A9E40F4B4ABB14FF08D4

Amount of Each Receipt this Period

400.00



Memo Item

Full Name (Last, First, Middle Initial)

MCCLAIN, DIANE, , ,

C.

Mailing Address 255 BRADLEY ST

City

DUBUQUE

State

IA

Zip Code

52003-7258

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 ▼

300.00

Date of Receipt

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

Transaction ID : AADB95F3B3DD7480F97B

Amount of Each Receipt this Period

300.00



Memo Item

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

800.00

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

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

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

SALMON, SANDY, , ,

A.

Mailing Address 1308 275TH ST

City

JANESVILLE

State

IA

Zip Code

50647-9747

FEC ID number of contributing
federal political committee.

C

Name of Employer

STATE OF IOWA

Occupation

STATE SENATOR

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

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

Transaction ID : AF1235FCD87054A3B808

Amount of Each Receipt this Period

200.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

SHERMAN, BRAD, , ,

Mailing Address 2490 HERITAGE DR

City

WILLIAMSBURG

State

IA

Zip Code

52361-4703

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOLID ROCK CHURCH

Occupation

PASTOR

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

260.25

Date of Receipt

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

Transaction ID : ACD1BA6EFE9CE443E8CA

Amount of Each Receipt this Period

260.25

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

C.

Full Name (Last, First, Middle Initial)

WINRED

Mailing Address 4250 FAIRFAX DR
STE 600

City

ARLINGTON

State

VA

Zip Code

22203-1665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

260.25

Date of Receipt

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

Transaction ID : A805E67398945459FB87

Amount of Each Receipt this Period

260.25

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC
LIMIT NOT AFFECTED.**SUBTOTAL** of Receipts This Page (optional)..... ▶

460.25

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

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

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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

SOIL CONSERVATION, WAHLERT, , ,

A.

Mailing Address 322 MANTZ AVE

City

AUDUBON

State

IA

Zip Code

50025-1007

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 ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		10		2025

Transaction ID : A7986D6EDF3874774B9D

Amount of Each Receipt this Period

600.00



Memo Item

Full Name (Last, First, Middle Initial)

TECH, TROY, , ,

B.

Mailing Address 509 REDWOOD DR

City

COUNCIL BLUFFS

State

IA

Zip Code

51503-8612

FEC ID number of contributing
federal political committee.

C

Name of Employer

VERIDIAN CREDIT UNION

Occupation

DBA

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
10		12		2025

Transaction ID : AED29B28431F741C4AA2

Amount of Each Receipt this Period

50.00



Memo Item

Full Name (Last, First, Middle Initial)

TECH, TROY, , ,

C.

Mailing Address 509 REDWOOD DR

City

COUNCIL BLUFFS

State

IA

Zip Code

51503-8612

FEC ID number of contributing
federal political committee.

C

Name of Employer

VERIDIAN CREDIT UNION

Occupation

DBA

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

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

Transaction ID : A44B05DE4B97B4CF2997

Amount of Each Receipt this Period

50.00



Memo Item

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

700.00

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

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

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

TECH, TROY, , ,

A.

Mailing Address 509 REDWOOD DR

City

COUNCIL BLUFFS

State

IA

Zip Code

51503-8612

FEC ID number of contributing
federal political committee.

C

Name of Employer

VERIDIAN CREDIT UNION

Occupation

DBA

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
11		16		2025

Transaction ID : A6CC4207F859D4E0EA1F

Amount of Each Receipt this Period

25.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

TECH, TROY, , ,

Mailing Address 509 REDWOOD DR

City

COUNCIL BLUFFS

State

IA

Zip Code

51503-8612

FEC ID number of contributing
federal political committee.

C

Name of Employer

VERIDIAN CREDIT UNION

Occupation

DBA

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

425.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
12		13		2025

Transaction ID : AAC804D7C8FBC4B4281D

Amount of Each Receipt this Period

50.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

WERKMEISTER, DENNIS, , ,

Mailing Address PO BOX 205 221 NORTH CANNON STREET

City

PAULLINA

State

IA

Zip Code

51046-0205

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 ▼

500.00

Date of Receipt

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

Transaction ID : A14D9A10D7E57440A95B

Amount of Each Receipt this Period

500.00

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

575.00

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

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

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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

WIELAND, RENITA, , ,

A.

Mailing Address 2104 215TH ST

City

INDEPENDENCE

State

IA

Zip Code

50644-9200

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 10 2025D D / Y Y Y Y Y
10 2025Y Y Y Y Y
2025

Transaction ID : A911A3BEAB6034EE997C

Amount of Each Receipt this Period

100.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

WIELAND, RENITA, , ,

Mailing Address 2104 215TH ST

City

INDEPENDENCE

State

IA

Zip Code

50644-9200

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 10 2025D D / Y Y Y Y Y
10 2025Y Y Y Y Y
2025

Transaction ID : AE4E040235B7D4450B24

Amount of Each Receipt this Period

100.00

☐ 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

D D / Y Y Y Y Y

Y Y Y Y Y

Amount of Each Receipt this Period

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

200.00

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

6885.25

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

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

CARLIN, JAMES, , ,

A.

Mailing Address 602 JACE ROAD

City

SERGEANT BLUFF

State

IA

Zip Code

51054-8804

FEC ID number of contributing
federal political committee.**C** S6IA00249Name of Employer
SELFOccupation
CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

155806.46

Date of Receipt

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

Transaction ID : A98474C87574C43D895C

Amount of Each Receipt this Period

40000.00

☐ Memo Item

LOAN FROM CANDIDATE

B.

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

Amount of Each Receipt this Period

☐ Memo Item**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

Amount of Each Receipt this Period

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

40000.00

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

40000.00

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

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. AMAZON

Mailing Address 440 TERRY AVE N

Date of Disbursement

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

City
SEATTLEState
WAZip Code
98109-5210

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

64.04

Transaction ID : B025C97D688774D67882

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. CANVAMailing Address 3212 E CESAR CHAVEZ ST
BLDG 1

Date of Disbursement

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

City
AUSTINState
TXZip Code
78702-4938

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

48.15

Transaction ID : B4A951EC352274C29803

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. DYNES DESIGN

Mailing Address 1805 HARDING CT

Date of Disbursement

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

City
BETTENDORFState
IAZip Code
52722-3930

FEC Identification Number

C

Purpose of Disbursement
PRINTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3736.63

Transaction ID : BAF5201A0F3864E1D8BE

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

3848.82

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:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1 HACKER WAY

Date of Disbursement

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

City
MENLO PARKState
CAZip Code
94025-1455

FEC Identification Number

C

Purpose of Disbursement
ADS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

44.00

Transaction ID : BCF96295ED9DB4491A0D

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. FACEBOOK

Mailing Address 1 HACKER WAY

Date of Disbursement

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

City
MENLO PARKState
CAZip Code
94025-1455

FEC Identification Number

C

Purpose of Disbursement
ADS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

48.00

Transaction ID : BCB01B64146F14796B94

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Mailing Address 1 HACKER WAY

Date of Disbursement

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

City
MENLO PARKState
CAZip Code
94025-1455

FEC Identification Number

C

Purpose of Disbursement
ADS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

19.40

Transaction ID : BF6E3CBBCE57C4FB6922

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

111.40

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:
(check only one)

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. GO EVENTS 101

Mailing Address 13265 253RD AVE

City
ORLEANSState
IAZip Code
51360-7152Purpose of Disbursement
CAMPAIGN SERVICES

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

6066.25

Transaction ID : B50FCD1A4F09C41689E8

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HYVEE

Mailing Address 5820 WESTOWN PKWY

City
WEST DES MOINESState
IAZip Code
50266-8223Purpose of Disbursement
FOOD AND BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

33.64

Transaction ID : BF87B3C0B07F1481A80D

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HYVEE

Mailing Address 5820 WESTOWN PKWY

City
WEST DES MOINESState
IAZip Code
50266-8223Purpose of Disbursement
FOOD AND BEVERAGE

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

24.03

Transaction ID : B21767547BF22488BB47

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

6123.92

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:
(check only one)

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. HYVEE

Mailing Address 5820 WESTOWN PKWY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
10		14		2025

City
WEST DES MOINESState
IAZip Code
50266-8223

FEC Identification Number

C

Purpose of Disbursement
FOOD AND BEVERAGE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

58.50

Transaction ID : B92753C1FE8BC4401BF7

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. HYVEE

Mailing Address 5820 WESTOWN PKWY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		18		2025

City
WEST DES MOINESState
IAZip Code
50266-8223

FEC Identification Number

C

Purpose of Disbursement
FOOD AND BEVERAGE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

27.05

Transaction ID : BE89DDE87DA2D4FE39A1

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. HYVEE

Mailing Address 5820 WESTOWN PKWY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		26		2025

City
WEST DES MOINESState
IAZip Code
50266-8223

FEC Identification Number

C

Purpose of Disbursement
FOOD AND BEVERAGE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

8.30

Transaction ID : BA2E9E107EF514CEE801

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

93.85

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. HYVEE

Mailing Address 5820 WESTOWN PKWY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2025

City
WEST DES MOINESState
IAZip Code
50266-8223

FEC Identification Number

C

Purpose of Disbursement
FOOD AND BEVERAGE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.60

Transaction ID : BC230FE62856C4F7FA5A

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. HYVEE

Mailing Address 5820 WESTOWN PKWY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2025

City
WEST DES MOINESState
IAZip Code
50266-8223

FEC Identification Number

C

Purpose of Disbursement
FOOD AND BEVERAGE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

78.00

Transaction ID : B4290C6A2455447CEA57

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. HYVEE

Mailing Address 5820 WESTOWN PKWY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		23		2025

City
WEST DES MOINESState
IAZip Code
50266-8223

FEC Identification Number

C

Purpose of Disbursement
FOOD AND BEVERAGE

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

15.60

Transaction ID : BA567D36B45AF4BADBE7

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

109.20

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. JUDGE PUBLIC

Mailing Address PO BOX 23336

Date of Disbursement

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

City
DADE CITYState
FLZip Code
33526

FEC Identification Number

C

Purpose of Disbursement
CAMPAIGN CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7000.00

Transaction ID : B7094C85CD6574B4FBD6

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. JUDGE PUBLIC

Mailing Address PO BOX 23336

Date of Disbursement

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

City
DADE CITYState
FLZip Code
33526

FEC Identification Number

C

Purpose of Disbursement
CAMPAIGN CONSULTING

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4816.80

Transaction ID : B09DF257625FA431C818

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. KWIK STAR

Mailing Address 1626 OAK ST

Date of Disbursement

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

City
LA CROSSEState
WIZip Code
54603-2308

FEC Identification Number

C

Purpose of Disbursement
TRAVEL

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

13.50

Transaction ID : BC629B3F8988B4778807

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

11830.30

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. PADDLE.NET

Mailing Address 38-11 DITMARS BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		16		2025

City
ASTORIAState
NYZip Code
11105-1803

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

314.58

Transaction ID : B08C57DB0BE974118AC7

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. PAYPAL

Mailing Address P.O. BOX 45950

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		20		2025

City
OMAHAState
NEZip Code
68145-0950

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

400.00

Transaction ID : B924F4EAD36DC4785953

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. PAYPAL

Mailing Address P.O. BOX 45950

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2025

City
OMAHAState
NEZip Code
68145-0950

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

400.00

Transaction ID : BD3D0F89A4B2F440B80F

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1114.58

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1015.86

Transaction ID : BDB21F77A6607412AB98

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

129.29

Transaction ID : B099EDB3657FB4634BA1

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

468.23

Transaction ID : BC4720936AE594CA599B

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

1613.38

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:
(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1015.86

Transaction ID : BF7459E92BB4049B181D

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

129.29

Transaction ID : B61F79C7DE91A4FA1917

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

468.23

Transaction ID : B3E226C5A7FD34A369F5

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1613.38

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:
(check only one)

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20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

473.59

Transaction ID : BB75C517715BF422396E

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1015.86

Transaction ID : BC6D51D2795FA432CABE

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

161.61

Transaction ID : B06E619A617AD4EBCB3E

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

1651.06

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1015.86

Transaction ID : BF388966885AF40AAAD0

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

468.23

Transaction ID : B949FD31B68264E829E1

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

129.29

Transaction ID : B6732DA053A344357A54

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1613.38

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

468.23

Transaction ID : B0D604CA62AEC4C77B84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

120.91

Transaction ID : B3C7D81F72E244A70B66

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1015.86

Transaction ID : B22B0D889EA5F4386A17

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

1605.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

468.23

Transaction ID : B1D02ED6C76BD45CEA98

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

129.29

Transaction ID : B96D6F5CE42C049BB99B

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1015.86

Transaction ID : B5396E29D66FD4D54AD9

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1613.38

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:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1015.86

Transaction ID : B311EE75B335C4BEE9BC

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

468.23

Transaction ID : B22A19CFBCF524C0BAE3

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

129.29

Transaction ID : BE77F4C324FD64534B59

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

1613.38

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
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(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

129.29

Transaction ID : BE00529C670574D2CA5B

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1015.86

Transaction ID : BD58F58B682764EB881C

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

468.23

Transaction ID : B6E9C545030174C2D864

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

1613.38

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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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1015.86

Transaction ID : B51EB6DA174F04237B84

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

129.29

Transaction ID : BD261832D329D43EC9ED

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

468.23

Transaction ID : B3E8DE9CEFD644546883

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

1613.38

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:
(check only one)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

120.91

Transaction ID : B1AFCD14A24914478BCF

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

468.23

Transaction ID : BEC71E535B2C3446E9D2

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1015.86

Transaction ID : B9BA24ABE5D254DC7BCE

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1605.00

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:
(check only one)

PAGE 30 OF 66

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		05		2025

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

129.29

Transaction ID : B02940967866C425099C

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

1015.86

Transaction ID : B716266C0787D4665A1D

☐ Memo Item

State:

District:

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

Amount of Each Disbursement this Period

129.29

Transaction ID : B93CF3DA35C584FA49EA

☐ Memo Item

State:

District:

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

1274.44

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

468.23

Transaction ID : BD1BCD58C53A04790ABC

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

129.29

Transaction ID : BB39FA022D35A404FB3F

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

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

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

100.00

Transaction ID : BB4EB7AC7400C4AFB8F8

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

697.52

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

468.23

Transaction ID : BDF24DC01BB8B463D8BE

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1015.86

Transaction ID : B9DAC7969E71C4CD89EC

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. QUICKBOOKS

Mailing Address 2700 COAST AVE

City
MOUNTAIN VIEWState
CAZip Code
94043-1140Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

129.29

Transaction ID : B2A9172A5E17F4DAEA89

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

1613.38

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:
(check only one)

PAGE 33 OF 66

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. QUICKBOOKS

Mailing Address 2700 COAST AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		26		2025

City
MOUNTAIN VIEWState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

468.23

Transaction ID : B8190C248E30E4DA9AC9

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. VOTTIV CAMPAIGNS

Mailing Address 5005 N UNIVERSITY AVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		22		2025

City
PROVOState
UTZip Code
84604-6198

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUBSCRIPTIONS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : B404B63987F4D47E9815

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. X CORPMailing Address 1355 MARKET ST
STE 900

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		09		2025

City
SAN FRANCISCOState
CAZip Code
94103-1337

FEC Identification Number

C

Purpose of Disbursement
ADS

001

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

175.29

Transaction ID : B3884110FD5A64EC39CD

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

893.52

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. ZEFFYMailing Address 651 N BROAD ST
STE 206City
MIDDLETOWNState
DEZip Code
19709-6402Purpose of Disbursement
OFFICE SUBSCRIPTION

001

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

499.50

Transaction ID : BDE286D28FEF24E99AD4

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

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

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).....▶

499.50

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

44365.15

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

PAGE 35 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : C6EF9CB30FA6843E8990

JIM CARLIN FOR US SENATE

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

Election: 2026

CARLIN, JAMES, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

400.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

400.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 18 / 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).....▶

400.00

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

PAGE 36 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : CF42215AFC43F43E0BAC

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 12 / 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).....▶

3000.00

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

PAGE 37 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : C042CCDFC208B48B299D

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 27 / 2025

M M / D D / Y Y Y Y

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).....▶

1000.00

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

PAGE 38 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : CB5F303FB01014A93B21

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

22000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

22000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 03 / 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).....▶

22000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 39 OF 66

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 : CEB34E412F2D2494BBBC

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 21 / 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).....▶

1000.00

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

PAGE 40 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : C518E4F9BE26E4F5FAB1

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

3695.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3695.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 27 / 2025

M M / D D / Y Y Y Y

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).....▶

3695.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 41 OF 66

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 : C7098BC5A7322472B9FF

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

6671.71

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6671.71

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
07 / 28 / 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).....▶

6671.71

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

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

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

PAGE 42 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : C56A68314102E424E81F

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 15 / 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).....▶

3000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 43 OF 66

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 : CDE78CA23D5904A6599D

JIM CARLIN FOR US SENATE

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

Election: 2026

CARLIN, JAMES, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

300.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

300.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 23 / 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).....▶

300.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 44 OF 66

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 : CBA4005D11C6E4052872

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

5521.75

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5521.75

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 16 / 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).....▶

5521.75

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 45 OF 66

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 : CC2FB74FA3EB14FABBCF

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 03 / 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).....▶

100.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 46 OF 66

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 : CE79602DFBE844EBA985

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

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

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).....▶

1000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 47 OF 66

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 : C2BFAA98E6C5A456A84C

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 10 / 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).....▶

5000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 48 OF 66

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 : C9550677949FB400EB61

JIM CARLIN FOR US SENATE

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

Election: 2026

CARLIN, JAMES, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

2600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2600.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 29 / 2025

M M / D D / Y Y Y Y

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).....▶

2600.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 49 OF 66

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 : C3A15995CCE19408D98D

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

1100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 23 / 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).....▶

1100.00

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

PAGE 50 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : CFFCDA7A93E344975A4E

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 09 / 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).....▶

3500.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 51 OF 66

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 : CAB8744E0A404C219D7

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

3500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 03 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

% (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).....▶

3500.00

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

PAGE 52 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : C57F64E07DA7247CC83F

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

1700.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 23 / 2025

M M / D D / Y Y Y Y

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).....▶

1700.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 53 OF 66

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 : CB743802B6B7F4298BD5

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 25 / 2025

M M / D D / Y Y Y Y

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).....▶

500.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 54 OF 66

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 : C59BD83A0934141D0A78

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

6600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

6600.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 13 / 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).....▶

6600.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 55 OF 66

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 : C6131DD3B772F40698A1

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

12000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 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).....▶

12000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 56 OF 66

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 : CBF5C86508763434CA8B

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

100.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 13 / 2024M 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).....▶

100.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 57 OF 66

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 : C88A15D03423A43F4AFE

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 / 28 / 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).....▶

3000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 58 OF 66

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 : C98474C87574C43D895C

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 15 / 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).....▶

40000.00

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

PAGE 59 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : C3E5034AF AEE545E6861

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 / 28 / 2025

M M / D D / Y Y Y Y

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).....▶

1500.00

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

PAGE 60 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : CA30F3866133F4CA686C

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 24 / 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).....▶

1000.00

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

PAGE 61 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : C3E5F0D7A3A5247318C4

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

600.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

600.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 06 / 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).....▶

600.00

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

PAGE 62 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : C7AC170CCB815433BA35

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

11000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

11000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
05 29 / 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).....▶

11000.00

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

PAGE 63 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : C1500D638231E4A22A37

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

9875.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

9875.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 02 / 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).....▶

9875.00

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

PAGE 64 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : CD3EC7625DB124DF2B1E

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

1180.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1180.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 13 / 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).....▶

1180.00

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

PAGE 65 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9B719A3D700945C1801

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

1363.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1363.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 15 / 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).....▶

1363.00

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

PAGE 66 OF 66

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

NAME OF COMMITTEE (In Full)

Transaction ID : C0F2859822B22408F9C4

JIM CARLIN FOR US SENATE

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

CARLIN, JAMES, , ,

Mailing Address

602 JACE ROAD

City

SERGEANT BLUFF

State

IA

ZIP Code

51054-8804

☒ Personal Funds of the Candidate

Original Amount of Loan

2000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

2000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 11 / 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).....▶

2000.00

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

155806.46

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