

**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

Vote for Terwey

ADDRESS (number and street)

1432 S. Keeler Ave.

Check if different
than previously
reported. (ACC)

Bartlesville

OK

74003

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00905265

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

OK

02

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

01

D D / Y Y Y Y

01

Y Y Y Y

2026

through

M M / D D / Y Y Y Y

03

D D / Y Y Y Y

31

Y Y Y Y

2026

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

Dorris, Rebekah, , ,

Signature of Treasurer

Dorris, Rebekah, , ,

Date

M M / D D / Y Y Y Y

04

D D / Y Y Y Y

09

Y Y Y Y

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

Vote for Terwey

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 01 2026

To:

M M / D D / Y Y Y Y
03 31 2026

	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))	1250.00	8882.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1250.00	8882.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1271.94	6020.74
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1271.94	6020.74
8. Cash on Hand at Close of Reporting Period (from Line 27)	3461.26	
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)	600.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

Vote for Terwey

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 01 2026

To:

M M / D D / Y Y Y Y
03 31 2026**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).....

75.00

3158.00

(ii) Unitemized

1175.00

5724.00

(iii) TOTAL of contributions
from individuals ▶

1250.00

8882.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

1250.00

8882.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

600.00

(b) All Other Loans.....

0.00

0.00

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

0.00

600.00

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

0.00

0.00

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

0.00

0.00

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

1250.00

9482.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1271.94	6020.74
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	1271.94	6020.74

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3483.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1250.00
25. SUBTOTAL (add Line 23 and Line 24).....	4733.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1271.94
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3461.26

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

PAGE 5 OF 9

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

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

NAME OF COMMITTEE (In Full)

Vote for Terwey

Full Name (Last, First, Middle Initial)

Gilkey, Gregory, , ,

Mailing Address 1005 Trisha Ln

City

Norman

State

OK

Zip Code

73072

FEC ID number of contributing
federal political committee.

C

Name of Employer

OG+E

Occupation

Utility dispatcher

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

244.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 19 / 2026D D / Y Y Y Y Y
19 / 2026Y Y Y Y Y
2026

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period

25.00

☐ Memo Item

Earmarked through Act Blue

Full Name (Last, First, Middle Initial)

ACTBLUE

Mailing Address P.O. Box 962017

City

Boston

State

MA

Zip Code

02196

FEC ID number of contributing
federal political committee.

C

C00401224

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3840.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 22 / 2026D D / Y Y Y Y Y
22 / 2026Y Y Y Y Y
2026

Transaction ID : SA11AI.4473.0

Amount of Each Receipt this Period

25.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

Swope, Amanda, , ,

Mailing Address 206 E 56th Pl

City

Tulsa

State

OK

Zip Code

74105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Muscogee (Creek) Nation

Occupation

Program Director

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 06 / 2026D D / Y Y Y Y Y
06 / 2026Y Y Y Y Y
2026

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked through Act Blue

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

75.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 9

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

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NAME OF COMMITTEE (In Full)

Vote for Terwey

Full Name (Last, First, Middle Initial)

ACTBLUE

A.

Mailing Address P.O. Box 962017

City
Boston

State
MA

Zip Code
02196

FEC ID number of contributing
federal political committee.

C C00401224

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3985.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 08 2026

Transaction ID : SA11AI.4483.0

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit. Limit not affected.

Full Name (Last, First, Middle Initial)

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 Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

0.00

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

75.00

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

PAGE 7 OF 9

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

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NAME OF COMMITTEE (In Full)

Vote for Terwey

Full Name (Last, First, Middle Initial)

A. Grassroots Analytics, Inc.

Mailing Address 806 7th St NW Ste 3

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Fundraising Consulting

Candidate Name

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
0	1	/	1	5	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.4560

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Grassroots Analytics, Inc.

Mailing Address 806 7th St NW Ste 3

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Fundraising Consulting

Candidate Name

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
0	3	/	0	6	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

13.24

Transaction ID : SB17.4561

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Run!

Mailing Address 47 Bergen Street

City
BrooklynState
NYZip Code
11201Purpose of Disbursement
Website services - monthly maintenance fee

Candidate Name

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
0	1	/	0	2	/	2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.4554

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

88.24

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 8 OF 9

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Vote for Terwey

Full Name (Last, First, Middle Initial)

A. Run!

Mailing Address 47 Bergen Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		02		2026

City
BrooklynState
NYZip Code
11201

FEC Identification Number

C

Purpose of Disbursement

Website services - monthly maintenance fee

Category/
Type

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.4555

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Run!

Mailing Address 47 Bergen Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2026

City
BrooklynState
NYZip Code
11201

FEC Identification Number

C

Purpose of Disbursement

Website services - monthly maintenance fee

Category/
Type

Amount of Each Disbursement this Period

50.00

Transaction ID : SB17.4556

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Secretary of the State Election Board of Oklahoma

Mailing Address PO Box 53156

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2026

City
Oklahoma CityState
OKZip Code
73152

FEC Identification Number

C

Purpose of Disbursement

Filing Fee - Candidate

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4575

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1100.00

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

1188.24

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

PAGE 9 OF 9

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4148

Vote for Terwey

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

Election: 2026

Terwey, Erik, , ,

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

1432 S. Keeler Ave.

City

Bartlesville

State

OK

ZIP Code

74003

☐ 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
05 / 29 / 2025

M M / D D / Y Y Y Y

On Demand

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).....▶

600.00

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