

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 07 / 01 / 2025 To: M M / D D / Y Y Y Y 09 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	38820.00	58525.63
(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))	38820.00	58125.63
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	44326.22	167718.73
(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))	44326.22	167654.36
8. Cash on Hand at Close of Reporting Period (from Line 27)	1727.61	
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)	115806.46	

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: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35450.00	52500.00
(ii) Unitemized	3370.00	6025.63
(iii) TOTAL of contributions from individuals	38820.00	58525.63
(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))..	38820.00	58525.63
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	6671.71	115806.46
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	6671.71	115806.46
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	64.37
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.70	1.59
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	45492.41	174398.05

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.....	44326.22	167718.73
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	150.00	2580.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	44476.22	170698.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	711.42
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45492.41
25. SUBTOTAL (add Line 23 and Line 24).....	46203.83
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	44476.22
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1727.61

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
BOGGS, JASON, , ,

Mailing Address PO BOX 575

City PRAIRIE CITY State IA Zip Code 50228-0575

FEC ID number of contributing federal political committee. C

Name of Employer SELF Occupation SALES

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
09 / 25 / 2025

Transaction ID : A2C31EBDBF96847E3B61

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
BUSSING, ROBERT, , ,

Mailing Address 2771 RAINBOW CT

City MASON CITY State IA Zip Code 50401-8934

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 Y Y
09 / 30 / 2025

Transaction ID : A701E09D1F91A419D8F6

Amount of Each Receipt this Period
300.00

Memo Item

C. Full Name (Last, First, Middle Initial)
CHILD, ALICE, , ,

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 REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : AC08BFC1E2D834700A4E

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2800.00

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: PAGE 6 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
CLAYTON, BARBARA, J, ,

Mailing Address 13265 253RD AVE

City SPIRIT LAKE State IA Zip Code 51360-7152

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
09 30 2025

Transaction ID : **A158C737EDB9A49689D0**

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
COPARANIS, DALE, , ,

Mailing Address 2001 OKLAHOMA AVE

City DAVENPORT State IA Zip Code 52804-4618

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 22 2025

Transaction ID : **A8AD8D033EE8C45E58E6**

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
DAY, HEIDI, , ,

Mailing Address 1706 S LAKEPORT ST

City SIOUX CITY State IA Zip Code 51106-4906

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 ▼
3000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 30 2025

Transaction ID : **A17419360018A4B85AF7**

Amount of Each Receipt this Period
3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 3750.00

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: PAGE 7 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
GARBE, RICHARD, , ,

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : A69D472504D114AF9A0D

Amount of Each Receipt this Period
100.00

Memo Item

B. Full Name (Last, First, Middle Initial)
GARBE, RICHARD, , ,

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : A26A96604F1734A95A0D

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
GARBE, RICHARD, , ,

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 ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : AAFA97D61111D4283BF6

Amount of Each Receipt this Period
100.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 300.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
GRECO, LANCE, , ,

Mailing Address 257 23RD STREET DR SE

City CEDAR RAPIDS State IA Zip Code 52403-1617

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 ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 12 / 2025

Transaction ID : A0BF7F32E9DF34D059A5

Amount of Each Receipt this Period
350.00

Memo Item

B. Full Name (Last, First, Middle Initial)
HALBE, MICHAEL, , ,

Mailing Address 2506 RANCHWOOD CIR SE

City ALEXANDRIA State MN Zip Code 56308-9269

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 25 / 2025

Transaction ID : A3019D367C5C64EBE9D9

Amount of Each Receipt this Period
250.00

Memo Item

C. Full Name (Last, First, Middle Initial)
HINDMAN, SCOTT, , ,

Mailing Address 2900 JONES ST

City SIOUX CITY State IA Zip Code 51104-3653

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 ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : A2F5C8AEB4A594BA9BF7

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1600.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
ILG, ANITA, , ,

Mailing Address 2264 300TH AVE

City DE WITT State IA Zip Code 52742-9240

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 ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : AAFB19E915E584555BD0

Amount of Each Receipt this Period
1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
JOHNSON, CAROL, , ,

Mailing Address 3830 FOX AVE

City ODEBOLT State IA Zip Code 51458-7542

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
09 / 30 / 2025

Transaction ID : AAC70BC96CDC5409C856

Amount of Each Receipt this Period
500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KELLY, ANDREW, , ,

Mailing Address 2255 31ST ST

City MARION State IA Zip Code 52302-1479

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 ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : A3BC170F53E814855B69

Amount of Each Receipt this Period
3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5000.00

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: PAGE 10 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
KELLY, KATIE, , ,

Mailing Address 2255 31ST ST

City MARION State IA Zip Code 52302-1479

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 ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : A13BF7E8263C44920B5F

Amount of Each Receipt this Period
3500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
KELLY, LEO, , ,

Mailing Address 827 DORCHESTER PL NE

City CEDAR RAPIDS State IA Zip Code 52402-7358

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 ▼
3500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : AF81E3BF3406C4F279A8

Amount of Each Receipt this Period
3500.00

Memo Item

C. Full Name (Last, First, Middle Initial)
KOSON, JULIE, , ,

Mailing Address 4908 EVERGREEN LN

City SIOUX CITY State IA Zip Code 51106-4503

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 ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : A5BC94EB79DBE42E58C5

Amount of Each Receipt this Period
350.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 7350.00

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: PAGE 11 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
LUSE, PAT, , ,

Mailing Address 4602 DEROCHE PATH

City: SIOUX CITY State: IA Zip Code: 51106-9504

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 ▼
1000.00

Date of Receipt: 09 / 30 / 2025

Transaction ID : A8E0E651123B647FDB51

Amount of Each Receipt this Period: 1000.00

Memo Item

B. Full Name (Last, First, Middle Initial)
LUSE, TIM, , ,

Mailing Address 4540 DEROCHE PATH

City: SIOUX CITY State: IA Zip Code: 51106-9506

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 ▼
750.00

Date of Receipt: 09 / 30 / 2025

Transaction ID : AAC57FD0405CB46E4A1D

Amount of Each Receipt this Period: 750.00

Memo Item

C. Full Name (Last, First, Middle Initial)
MANLEY, CHRIS, , ,

Mailing Address 320 SO FORK PLACE

City: SOUTH SIOUX CITY State: NE Zip Code: 68776

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: 09 / 30 / 2025

Transaction ID : A459C44599ED34030BB9

Amount of Each Receipt this Period: 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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: PAGE 12 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
MCCALL, GREG, , ,

Mailing Address 3602 SW COURT AVE

City ANKENY State IA Zip Code 50023-9213

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 ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : AFCE82E4D31DC4642A85

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
PAUTSCH, PEGGY, , ,

Mailing Address 1127 MEADOWVIEW LN

City DAVENPORT State IA Zip Code 52806-1924

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : AE1DF8DE3184A4316B52

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
PHILIP, KELLY, , ,

Mailing Address 3721 COPPERMILL RD NE

City CEDAR RAPIDS State IA Zip Code 52402-7633

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 ▼ 7000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : A94F65FB15F0241B1A66

Amount of Each Receipt this Period
3500.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 4750.00

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
PHILIP, KELLY, , ,

Mailing Address 3721 COPPERMILL RD NE

City CEDAR RAPIDS State IA Zip Code 52402-7633

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : **A3736A4F683474F0B85C**

Amount of Each Receipt this Period

Memo Item

B. Full Name (Last, First, Middle Initial)
SIREs, DAVID, , ,

Mailing Address 4107 HORSESHOE DR

City CEDAR FALLS State IA Zip Code 50613-4806

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : **AC68693C51B634476B6C**

Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)
STILES, L., , ,

Mailing Address 8740 OAKDALE DR

City KELLERTON State IA Zip Code 50133

FEC ID number of contributing federal political committee.

Name of Employer INFORMATION REQUESTED Occupation INFORMATION REQUESTED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : **AD99C998CE7574D78992**

Amount of Each Receipt this Period

Memo Item

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

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

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 OF 83
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
TASS, CRISTY, , ,

Mailing Address 14036 210TH ST

City MASON CITY State IA Zip Code 50401-9023

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : A53536B1ABA6D4D4D9D3

Amount of Each Receipt this Period
250.00

Memo Item

B. Full Name (Last, First, Middle Initial)
UNG, DORIS, , ,

Mailing Address 214 JACKSON ST
UNIT 1885

City SIOUX CITY State IA Zip Code 51102-8074

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : AB4534B15CBCF4110818

Amount of Each Receipt this Period
1000.00

Memo Item

C. Full Name (Last, First, Middle Initial)
WASS-JUNKER, DEBA, , ,

Mailing Address 721 E MAIN ST

City DENVER State IA Zip Code 50622-9538

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
09 / 30 / 2025

Transaction ID : ADCCBF5EA6CF149E68F9

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 1750.00

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 15 OF 83	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
WOLTER, BRENDA, , ,

Mailing Address 2552 HILTON AVE

City DENVER	State IA	Zip Code 50622-1049
----------------	-------------	------------------------

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
09		30		2025

Transaction ID : ADA98E89584FB44CB8F4

Amount of Each Receipt this Period
500.00

Memo Item

B. 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
-----	---	-----	---	---------

Amount of Each Receipt this Period

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	35450.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)		PAGE 16 OF 83	
<input type="checkbox"/> 11a 12	<input checked="" type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14
		<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. Full Name (Last, First, Middle Initial)
CARLIN, JAMES, , ,

Mailing Address 602 JACE ROAD

City SERGEANT BLUFF	State IA	Zip Code 51054-8804
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** S6IA00249

Name of Employer SELF	Occupation CANDIDATE
--------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
115806.46

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 28 / 2025

Transaction ID : A7098BC5A7322472B9FF

Amount of Each Receipt this Period
6671.71

Memo Item
LOAN FROM CANDIDATE

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶	6671.71
TOTAL This Period (last page this line number only)..... ▶	6671.71

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. 1776 LAW CENTER		Date of Disbursement MM / DD / YYYY 08 / 06 / 2025
Mailing Address PO BOX 1505		FEC Identification Number C
City HIXSON	State TN	Zip Code 37343-5505
Purpose of Disbursement LEGAL CONSULTING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1083.11
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B83B35BEF5784483EB4B
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. AMAZON		Date of Disbursement MM / DD / YYYY 09 / 04 / 2025
Mailing Address 440 TERRY AVE N		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109-5210
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 20.32
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BFC01A62BC59A4668A20
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. AMAZON		Date of Disbursement MM / DD / YYYY 09 / 04 / 2025
Mailing Address 440 TERRY AVE N		FEC Identification Number C
City SEATTLE	State WA	Zip Code 98109-5210
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 12.83
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B5C372957478C470A800
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1116.26
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)
A. BAILEYS.COM

Mailing Address 801 MAIN AVE

City NORWALK State CT Zip Code 06851-1127

Purpose of Disbursement FOOD AND BEVERAGE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 14 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 118.24

Transaction ID : BCE3AF4AC59A74270A94

Memo Item

Full Name (Last, First, Middle Initial)
B. BAILEYS.COM

Mailing Address 801 MAIN AVE

City NORWALK State CT Zip Code 06851-1127

Purpose of Disbursement FOOD AND BEVERAGE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 30 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 118.24

Transaction ID : B82C9317536C2462D8EC

Memo Item

Full Name (Last, First, Middle Initial)
C. BAILEYS.COM

Mailing Address 801 MAIN AVE

City NORWALK State CT Zip Code 06851-1127

Purpose of Disbursement FOOD AND BEVERAGE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 03 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 118.24

Transaction ID : BDD1C85E9BFA94BBF87B

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 354.72

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. BIG RED PALOOZA

Full Name (Last, First, Middle Initial)

Mailing Address 1006 CHESTNUT ST

City OSAGE State IA Zip Code 50461-1610

Purpose of Disbursement FUNDRAISING EVENT FEES

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 250.00

Transaction ID : BF87A237048684057BB8

Memo Item

B. CITY OF IOWA

Full Name (Last, First, Middle Initial)

Mailing Address 410 E WASHINGTON ST

City IOWA CITY State IA Zip Code 52240-1825

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 10 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 400.00

Transaction ID : B5190245D02F74970835

Memo Item

C. DYNES DESIGN

Full Name (Last, First, Middle Initial)

Mailing Address 1805 HARDING CT

City BETTENDORF State IA Zip Code 52722-3930

Purpose of Disbursement PRINTING

Candidate Name

Office Sought: House Senate President

Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 23 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1904.81

Transaction ID : BB1CF08906377480DBD6

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2554.81

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)
A. DYNES DESIGN

Mailing Address 1805 HARDING CT

City BETTENDORF State IA Zip Code 52722-3930

Purpose of Disbursement PRINTING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 05 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1632.38

Transaction ID : B52311CE76B6845A0ACF

Memo Item

Full Name (Last, First, Middle Initial)
B. EVENTBRITE

Mailing Address 95 3RD ST

City SAN FRANCISCO State CA Zip Code 94103-3103

Purpose of Disbursement FUNDRAISING EVENT FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 24 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 325.65

Transaction ID : BC4E038E3C5A348C7A89

Memo Item

Full Name (Last, First, Middle Initial)
C. EVENTBRITE

Mailing Address 95 3RD ST

City SAN FRANCISCO State CA Zip Code 94103-3103

Purpose of Disbursement FUNDRAISING EVENT FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 24 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 108.55

Transaction ID : BF514AC9AF96D483FA32

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2066.58

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. FLEET FARM

Mailing Address 2401 S MEMORIAL DR

City APPLETON State WI Zip Code 54915-1429

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 28 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 51.54

Transaction ID : BF432FAE0AB054FC4B20

Memo Item

Full Name (Last, First, Middle Initial)

B. FLEET FARM

Mailing Address 2401 S MEMORIAL DR

City APPLETON State WI Zip Code 54915-1429

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 12 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 49.11

Transaction ID : BE05C45242F3D466E94D

Memo Item

Full Name (Last, First, Middle Initial)

C. FLEET FARM

Mailing Address 2401 S MEMORIAL DR

City APPLETON State WI Zip Code 54915-1429

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 26 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 56.01

Transaction ID : B818184D9886C40EA8F2

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 156.66

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. HAMPTON INNS		Date of Disbursement MM / DD / YYYY 08 / 15 / 2025
Mailing Address 7930 JONES BRANCH DR		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22102-3388
Purpose of Disbursement LODGING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 44.80	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B7ACE55D09468499DACD
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HAZLITT INDUSTRIES		Date of Disbursement MM / DD / YYYY 09 / 17 / 2025
Mailing Address 44970 FALCON PL STE 400		FEC Identification Number C
City STERLING	State VA	Zip Code 20166-9568
Purpose of Disbursement PRINTING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 1500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B0138752ADA4140A3814
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HILTON HOTELS		Date of Disbursement MM / DD / YYYY 08 / 04 / 2025
Mailing Address 7930 JONES BRANCH DR		FEC Identification Number C
City MCLEAN	State VA	Zip Code 22102-3388
Purpose of Disbursement LODGING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 256.48	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BC00B01EC8074458B9C4
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1801.28
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. HILTON HOTELS

Full Name (Last, First, Middle Initial)
Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102-3388

Purpose of Disbursement LODGING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 14 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1.00

Transaction ID : BF434702266BE440A872

Memo Item

B. HILTON HOTELS

Full Name (Last, First, Middle Initial)
Mailing Address 7930 JONES BRANCH DR

City MCLEAN State VA Zip Code 22102-3388

Purpose of Disbursement LODGING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 04 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 76.80

Transaction ID : B555A31D88EF946339AC

Memo Item

C. HUGEDOMAINS

Full Name (Last, First, Middle Initial)
Mailing Address 1225 N POST OAK RD STE 100

City HOUSTON State TX Zip Code 77055-7213

Purpose of Disbursement WEBSITE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 01 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 995.00

Transaction ID : BC835802FFFC14970AF5

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1072.80

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. HY-VEE		Date of Disbursement MM / DD / YYYY 07 / 02 / 2025
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 10.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B4E2B6EDF9A5E40E28F0
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HY-VEE		Date of Disbursement MM / DD / YYYY 07 / 15 / 2025
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 15.38
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B399FAD715C774F40836
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HY-VEE		Date of Disbursement MM / DD / YYYY 07 / 21 / 2025
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 11.05
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B0C594CF8FC7C411683D
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	36.48
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. HY-VEE

Full Name (Last, First, Middle Initial)
Mailing Address 5820 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266-8223

Purpose of Disbursement FOOD AND BEVERAGE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 21 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 20.59

Transaction ID : B244F3F511D4C4A2DBF8

Memo Item

B. HY-VEE

Full Name (Last, First, Middle Initial)
Mailing Address 5820 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266-8223

Purpose of Disbursement FOOD AND BEVERAGE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 22 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 12.61

Transaction ID : B894F8BB6F53B4EFF901

Memo Item

C. HY-VEE

Full Name (Last, First, Middle Initial)
Mailing Address 5820 WESTOWN PKWY

City WEST DES MOINES State IA Zip Code 50266-8223

Purpose of Disbursement FOOD AND BEVERAGE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 23 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 9.05

Transaction ID : B34138780A4BE489C828

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 42.25

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. HY-VEE			Date of Disbursement MM / DD / YYYY 07 / 29 / 2025
Mailing Address 5820 WESTOWN PKWY			FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223	Amount of Each Disbursement this Period 21.84
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : BD63F506F8B194434A0F
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) B. HY-VEE			Date of Disbursement MM / DD / YYYY 08 / 05 / 2025
Mailing Address 5820 WESTOWN PKWY			FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223	Amount of Each Disbursement this Period 11.95
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : B7B409E67B34244CAB51
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) C. HY-VEE			Date of Disbursement MM / DD / YYYY 08 / 15 / 2025
Mailing Address 5820 WESTOWN PKWY			FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223	Amount of Each Disbursement this Period 5.72
Purpose of Disbursement FOOD AND BEVERAGE		Category/ Type 001	Transaction ID : B4048C127C6B3498482D
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

SUBTOTAL of Disbursements This Page (optional).....▶	39.51
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. HY-VEE		Date of Disbursement MM / DD / YYYY 08 / 18 / 2025
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 3.28	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B4A095AF52A934417982
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HY-VEE		Date of Disbursement MM / DD / YYYY 09 / 03 / 2025
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 35.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B3E4085593E094417B3E
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HY-VEE		Date of Disbursement MM / DD / YYYY 09 / 10 / 2025
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 32.75	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BE2ED5F159D2044DAA27
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	71.03
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 28 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. HY-VEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 17 / 2025
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 7.40
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B3E4CD8775AF447CCB9A
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. HY-VEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2025
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 2.17
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B3B934ADB63545D0BEF
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. HY-VEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 25 / 2025
Mailing Address 5820 WESTOWN PKWY		FEC Identification Number C
City WEST DES MOINES	State IA	Zip Code 50266-8223
Purpose of Disbursement FOOD AND BEVERAGE	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 11.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB11A744B0059439DB08
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	21.56
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 29 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 109.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BA597ACF5B859437AAD5
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 468.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BDFD4A9E156414F0B933
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 07 / 03 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL WAGES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1015.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B3050EBDC4AF7467AB51
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1593.09
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 03 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 129.29

Transaction ID : BCA8470F37ED847C4BB8

Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 11 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 129.29

Transaction ID : B0ED96E661FFF4674B3A

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL TAXES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 11 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 468.23

Transaction ID : B5A2671A9ED624F759F8

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 726.81

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 32 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL TAXES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 18 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 478.93

Transaction ID : B61E2775E19AF46C186C

Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL TAXES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 25 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 468.23

Transaction ID : B9540CAE5F4E14B4FA8A

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 25 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 129.29

Transaction ID : BFCF9E3864CD445F795F

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1076.45

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 33 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL WAGES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 07 / 25 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1015.86

Transaction ID : BBA599D367B8841C4B30

Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL WAGES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 01 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1015.86

Transaction ID : BB8CED4A1BAF54987AFA

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 01 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 129.29

Transaction ID : BBA953E19B14E488E80F

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 2161.01

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 34 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement MM / DD / YYYY 08 / 01 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 468.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B774A9C14BCB7449AB2A
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement MM / DD / YYYY 08 / 04 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 109.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BBC4CA35C310D48F3AE0
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement MM / DD / YYYY 08 / 08 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 468.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B657E2238B6244ED897B
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1045.46
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 35 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL WAGES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 08 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1015.86

Transaction ID : BDFB0F7DEA60F43B1900

Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 08 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 129.29

Transaction ID : BD494113216B143F4AF6

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 15 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 129.29

Transaction ID : B23F471ECA49A49DDA15

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1274.44

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 36 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement MM / DD / YYYY 08 / 15 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 468.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BFCCF00EBB64445A89CF
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement MM / DD / YYYY 08 / 15 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL WAGES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1015.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B637791C716DE46A1AC4
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement MM / DD / YYYY 08 / 22 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 129.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BEF4D4886C18E4EBBAEB
State: District:	<input type="checkbox"/> 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 468.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BD2C36DD8F13A45939C6
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL WAGES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1015.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B5E4920FD1B264CCAAE1
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 08 / 29 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL WAGES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1015.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B6DE63049BFAF4BEE99F
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	2499.95
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL TAXES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 29 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 473.59

Transaction ID : B5526C716075A48D28DC

Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 08 / 29 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 161.61

Transaction ID : B84973DC9DC534BA1B8A

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement 09 / 02 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 113.00

Transaction ID : BEDCEC42445614D16A1C

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 748.20

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 39 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL WAGES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 834.77
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BDECA3997C52D496F86E
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 129.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BDFCAAAFE557A4203B87
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 358.54
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B6B09CAD82A52437180B
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	1322.60
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL WAGES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1015.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B68C063665F7949959F8
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 129.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B8AB101982F1B4AEFBE2
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 12 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 468.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B51933C96582C4CC68BB
State: District:	<input type="checkbox"/> 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 41 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL WAGES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1015.86
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BA6131D0DD13D4D5795D
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 129.29
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B949DC3F5C6A64139A3C
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. INTUIT		Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2025
Mailing Address 2700 COAST AVE		FEC Identification Number C
City MOUNTAIN VIEW	State CA	Zip Code 94043-1140
Purpose of Disbursement PAYROLL TAXES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 468.23
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BC61A212065BE450DB34
State: District:	<input type="checkbox"/> 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 Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial)

A. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL WAGES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1015.86

Transaction ID : B6842D3E2C12C4B7AA83

Memo Item

Full Name (Last, First, Middle Initial)

B. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL TAXES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 462.87

Transaction ID : B2607D5360B1C42D5ACF

Memo Item

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2700 COAST AVE

City MOUNTAIN VIEW State CA Zip Code 94043-1140

Purpose of Disbursement PAYROLL FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 96.97

Transaction ID : BD6E42BDF4AFC4D07B56

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 1575.70

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 43 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. J53 PRODUCTIONS

Full Name (Last, First, Middle Initial)

Mailing Address 3425 E LOCUST ST
STE 201

City DAVENPORT State IA Zip Code 52803-3573

Purpose of Disbursement VIDEO PRODUCTION Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 07 / 29 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1308.00

Transaction ID : B42100E661F7D40D98DA

Memo Item

B. JUDGE PUBLIC RELATIONS

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 2336

City DADE CITY State FL Zip Code 33526-2336

Purpose of Disbursement CAMPAIGN CONSULTING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 09 / 11 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 3500.00

Transaction ID : BACD0626327694F1A919

Memo Item

C. KWIK STAR

Full Name (Last, First, Middle Initial)

Mailing Address 1626 OAK ST

City LA CROSSE State WI Zip Code 54603-2308

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement: 08 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 25.97

Transaction ID : B7721191E665C4937870

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4833.97

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 44 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. KWIK STAR

Full Name (Last, First, Middle Initial)
Mailing Address 1626 OAK ST

City LA CROSSE State WI Zip Code 54603-2308

Purpose of Disbursement TRAVEL Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 28 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 64.46

Transaction ID : BECA4652F0CC14EDD97C

Memo Item

B. MIDWEST WEB GURU

Full Name (Last, First, Middle Initial)
Mailing Address 3611 FAST LN

City CEDAR FALLS State IA Zip Code 50613-2125

Purpose of Disbursement WEBSITE Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 07 / 30 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 3040.00

Transaction ID : BE7DE8CEED544466FB26

Memo Item

C. MULDER, NANCY, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 5728 SUNNYBROOK DR

City SIOUX CITY State IA Zip Code 51106-4249

Purpose of Disbursement PRINTING Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026 Primary General Other (specify) ▼

State: District:

Date of Disbursement: 08 / 25 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 1600.00

Transaction ID : BC7AF85254B034DD7835

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 4704.46

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 45 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

A. NATIONBUILDER

Full Name (Last, First, Middle Initial)
Mailing Address 1209 N ORANGE ST

City WILMINGTON State DE Zip Code 19801-1120

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement 07 / 08 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 15.89

Transaction ID : B4896A1E591244566AC3

Memo Item

B. NATIONBUILDER

Full Name (Last, First, Middle Initial)
Mailing Address 1209 N ORANGE ST

City WILMINGTON State DE Zip Code 19801-1120

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement 07 / 14 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 1.28

Transaction ID : B9B0F188FDBC94193A41

Memo Item

C. NATIONBUILDER

Full Name (Last, First, Middle Initial)
Mailing Address 1209 N ORANGE ST

City WILMINGTON State DE Zip Code 19801-1120

Purpose of Disbursement CREDIT CARD FEES Category/Type 001

Candidate Name

Office Sought: House Senate President Disbursement For: 2026
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement 07 / 14 / 2025

FEC Identification Number C

Amount of Each Disbursement this Period 365.00

Transaction ID : BA25501E8DEB34618BD3

Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 382.17

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

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 46 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 07 / 17 / 2025	
Mailing Address 1209 N ORANGE ST			FEC Identification Number C	
City WILMINGTON	State DE	Zip Code 19801-1120	Amount of Each Disbursement this Period 10.05	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : BB293F34006004A7E890	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 07 / 17 / 2025	
Mailing Address 1209 N ORANGE ST			FEC Identification Number C	
City WILMINGTON	State DE	Zip Code 19801-1120	Amount of Each Disbursement this Period 10.05	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : BF8B79B2C519C46D0B8D	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 07 / 20 / 2025	
Mailing Address 1209 N ORANGE ST			FEC Identification Number C	
City WILMINGTON	State DE	Zip Code 19801-1120	Amount of Each Disbursement this Period 30.48	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : B87F571E8A2034D5191E	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	50.58
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 83			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 07 / 25 / 2025	
Mailing Address 1209 N ORANGE ST			FEC Identification Number C	
City WILMINGTON	State DE	Zip Code 19801-1120	Amount of Each Disbursement this Period 13.95	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : B82866F8AD8EC4861921	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 08 / 08 / 2025	
Mailing Address 1209 N ORANGE ST			FEC Identification Number C	
City WILMINGTON	State DE	Zip Code 19801-1120	Amount of Each Disbursement this Period 1.28	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : BF3A977C830324901BEB	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. NATIONBUILDER			Date of Disbursement MM / DD / YYYY 08 / 14 / 2025	
Mailing Address 1209 N ORANGE ST			FEC Identification Number C	
City WILMINGTON	State DE	Zip Code 19801-1120	Amount of Each Disbursement this Period 365.00	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : BBAC63DCCC78F4979B73	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	380.23
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 48 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 08 / 22 / 2025	
Mailing Address 1209 N ORANGE ST			FEC Identification Number C	
City WILMINGTON	State DE	Zip Code 19801-1120	Amount of Each Disbursement this Period 1.28	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : B1C1CFF19DD20409A833	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 08 / 25 / 2025	
Mailing Address 1209 N ORANGE ST			FEC Identification Number C	
City WILMINGTON	State DE	Zip Code 19801-1120	Amount of Each Disbursement this Period 4.20	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : B3459DF69CEC043608E7	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. NATIONBUILDER			Date of Disbursement M M / D D / Y Y Y Y 08 / 27 / 2025	
Mailing Address 1209 N ORANGE ST			FEC Identification Number C	
City WILMINGTON	State DE	Zip Code 19801-1120	Amount of Each Disbursement this Period 10.05	
Purpose of Disbursement CREDIT CARD FEES		Category/ Type 001	Transaction ID : BC432BF54F03A4D378E9	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	15.53
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 49 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 03 / 2025
Mailing Address 1209 N ORANGE ST		FEC Identification Number C
City WILMINGTON	State DE	Zip Code 19801-1120
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 4.20
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B3CF4417CB14B409C928
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2025
Mailing Address 1209 N ORANGE ST		FEC Identification Number C
City WILMINGTON	State DE	Zip Code 19801-1120
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BB912E1EB07114BC891E
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2025
Mailing Address 1209 N ORANGE ST		FEC Identification Number C
City WILMINGTON	State DE	Zip Code 19801-1120
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 5.48
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B8FE4B36E62E84AAA880
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	10.96
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 50 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. NATIONBUILDER		Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2025
Mailing Address 1209 N ORANGE ST		FEC Identification Number C
City WILMINGTON	State DE	Zip Code 19801-1120
Purpose of Disbursement CREDIT CARD FEES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 1.28
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BCE4AE0549B124C34A1D
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. PEOPLEFINDER		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2025
Mailing Address 1915 21ST ST		FEC Identification Number C
City SACRAMENTO	State CA	Zip Code 95811-6813
Purpose of Disbursement OFFICE SUBSCRIPTION	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 119.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BF2CF99590A1A493E88D
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. RED'S PRINTING		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2025
Mailing Address 410 5TH AVE SW		FEC Identification Number C
City LE MARS	State IA	Zip Code 51031-1921
Purpose of Disbursement PRINTING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 770.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B167DD0B8F2634B429F0
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	892.22
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 51 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. THE IOWA STANDARD		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2025
Mailing Address PO BOX 112		FEC Identification Number C
City SIOUX CENTER	State IA	Zip Code 51250-0112
Purpose of Disbursement PRINT ADS	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 400.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B5A3E9104763843C7893
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2025
Mailing Address 475 LENFANT PLZ SW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20260-0001
Purpose of Disbursement SHIPPING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 111.70	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B73B912E137E24D65944
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. USPS		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2025
Mailing Address 475 LENFANT PLZ SW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20260-0001
Purpose of Disbursement SHIPPING	Category/ Type 001	
Candidate Name	Amount of Each Disbursement this Period 52.65	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B985A1C5996C74229B28
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	564.35
TOTAL This Period (last page this line number only).....▶	

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 52 OF 83	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JIM CARLIN FOR US SENATE

Full Name (Last, First, Middle Initial) A. USPS		Date of Disbursement MM / DD / YYYY 07 / 14 / 2025
Mailing Address 475 LENFANT PLZ SW		FEC Identification Number C
City WASHINGTON	State DC	Zip Code 20260-0001
Purpose of Disbursement SHIPPING	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 130.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : BE447F2B891754650A65
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. WALMART		Date of Disbursement MM / DD / YYYY 07 / 23 / 2025
Mailing Address 702 SW 8TH ST		FEC Identification Number C
City BENTONVILLE	State AR	Zip Code 72716-6209
Purpose of Disbursement OFFICE SUPPLIES	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 38.50
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B892FB20BABAB4952944
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ZEFFY		Date of Disbursement MM / DD / YYYY 09 / 23 / 2025
Mailing Address 651 N BROAD ST STE 206		FEC Identification Number C
City MIDDLETOWN	State DE	Zip Code 19709-6402
Purpose of Disbursement OFFICE SUBSCRIPTION	Category/ Type 001	
Candidate Name		Amount of Each Disbursement this Period 183.95
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : B63AC8140391A4A659AC
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	353.40
TOTAL This Period (last page this line number only).....▶	42611.32

SCHEDULE C (FEC Form 3) LOANS

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

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

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

400.00

0.00

400.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

04 / 18 / 2025

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) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CF42215AFC43F43E0BAC**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> 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 NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C042CCDFC208B48B299D**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CARLIN, JAMES, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD		<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
		<input checked="" type="checkbox"/> 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 NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CB5F303FB01014A93B21**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD			
City	State	ZIP Code	<input checked="" type="checkbox"/> Personal Funds of the Candidate
SERGEANT BLUFF	IA	51054-8804	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
22000.00	0.00	22000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	03 / 03 / 2025	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) Transaction ID : CEB34E412F2D2494BBBC
JIM CARLIN FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
<input checked="" type="checkbox"/> 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 M M / D D / Y Y Y Y 03 / 21 / 2025	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C518E4F9BE26E4F5FAB1**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804 <input checked="" type="checkbox"/> 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
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TERMS Date Incurred M M / D D / Y Y Y Y 06 / 27 / 2025	Date Due M M / D D / Y Y Y Y NONE	Interest Rate (If none, enter 0) 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C7098BC5A7322472B9FF**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6671.71	0.00	6671.71

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	07 / 28 / 2025	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C56A68314102E424E81F**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	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 NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CDE78CA23D5904A6599D**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
300.00	0.00	300.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 23 / 2025	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) Transaction ID : CBA4005D11C6E4052872
JIM CARLIN FOR US SENATE

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5521.75	0.00	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 NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="5521.75"/>
TOTALS This Period (last page in this line only)▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CC2FB74FA3EB14FABBCF**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 06 / 03 / 2025	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CE79602DFBE844EBA985**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

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

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

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

SUBTOTALS This Period This Page (optional).....▶	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

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : C2BF AA98E6C5A456A84C

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

5000.00

0.00

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

04 / 10 / 2025

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

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C9550677949FB400EB61**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
			<input type="checkbox"/> Other (specify) ▼
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804	<input checked="" type="checkbox"/> 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
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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 NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

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

FOR 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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1100.00

0.00

1100.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

06 / 23 / 2025

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) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CFFCDA7A93E344975A4E**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3500.00	0.00	3500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	05 / 09 / 2025	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CABC8744E0A404C219D7**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: 2026
CARLIN, JAMES, , ,		<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD		<input type="checkbox"/> General
City SERGEANT BLUFF		<input type="checkbox"/> Other (specify) ▼
State IA	ZIP Code 51054-8804	<input checked="" type="checkbox"/> 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
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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 NONE	% (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

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

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1700.00

0.00

1700.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

05 / 23 / 2025

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

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CB743802B6B7F4298BD5**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
500.00	0.00	500.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 25 / 2025	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C59BD83A0934141D0A78**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6600.00	0.00	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 NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C6131DD3B772F40698A1**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
12000.00	0.00	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 NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	12000.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CBF5C86508763434CA8B**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

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

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	M M / D D / Y Y Y Y 12 / 13 / 2024	M M / D D / Y Y Y Y NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

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

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C88A15D03423A43F4AFE**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
3000.00	0.00	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 NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C3E5034AFAEE545E6861**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1500.00	0.00	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 NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CA30F3866133F4CA686C**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	MM / DD / YYYY 04 / 24 / 2025	MM / DD / YYYY NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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

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

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

Cumulative Payment To Date

Balance Outstanding at Close of This Period

600.00

0.00

600.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

06 / 06 / 2025

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) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C7AC170CCB815433BA35**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
11000.00	0.00	11000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	05 / 29 / 2025	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C1500D638231E4A22A37**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
9875.00	0.00	9875.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	06 / 02 / 2025	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **CD3EC7625DB124DF2B1E**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		<input checked="" type="checkbox"/> Personal Funds of the Candidate
City SERGEANT BLUFF	State IA	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1180.00	0.00	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 NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	1180.00
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

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

SCHEDULE C (FEC Form 3) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C9B719A3D700945C1801**

LOAN SOURCE Full Name (Last, First, Middle Initial)		<input type="checkbox"/> Memo Item	Election: 2026
CARLIN, JAMES, , ,			<input checked="" type="checkbox"/> Primary
Mailing Address 602 JACE ROAD			<input type="checkbox"/> General
City SERGEANT BLUFF		State IA	<input type="checkbox"/> Other (specify) ▼
ZIP Code 51054-8804		<input checked="" type="checkbox"/> Personal Funds of the Candidate	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1363.00	0.00	1363.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	04 / 15 / 2025	NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	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) LOANS

NAME OF COMMITTEE (In Full) **JIM CARLIN FOR US SENATE** Transaction ID : **C0F2859822B22408F9C4**

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item CARLIN, JAMES, , ,		Election: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 602 JACE ROAD		
City SERGEANT BLUFF	State IA	ZIP Code 51054-8804
		<input checked="" type="checkbox"/> Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2000.00	0.00	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 NONE	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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

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

SUBTOTALS This Period This Page (optional).....▶	2000.00
TOTALS This Period (last page in this line only).....▶	115806.46

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