

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

UNITY &amp; JUSTICE FUND

ADDRESS (number and street)

1930 18TH NW, SUITE B2 #1190

Check if different  
than previously  
reported. (ACC)

WASHINGTON

DC

20009

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00881011

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

07

01

2026

07

31

2026

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Sunderland, Eric, , ,

Signature of Treasurer

Sunderland, Eric, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

08

25

2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

UNITY &amp; JUSTICE FUND

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

|                                                                                                                  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2026"/>                                              |                                        | <input type="text" value="4460.74"/>   |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <input type="text" value="23197.02"/>  |                                        |
| (c) Total Receipts (from Line 19) .....                                                                          | <input type="text" value="407118.95"/> | <input type="text" value="552536.53"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="430315.97"/> | <input type="text" value="556997.27"/> |
| 7. Total Disbursements (from Line 31) .....                                                                      | <input type="text" value="236050.00"/> | <input type="text" value="362731.30"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <input type="text" value="194265.97"/> | <input type="text" value="194265.97"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |                                        |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="8593.59"/>   |                                        |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

UNITY &amp; JUSTICE FUND

Report Covering the Period:

From:

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  | / | 01  | / | 2026    |

To:

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 07  | / | 31  | / | 2026    |

| I. Receipts                                                                                           | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|-------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:                                                            |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees                                               |                               |                                   |
| (i) Itemized (use Schedule A).....                                                                    | 395440.60                     | 510360.65                         |
| (ii) Unitemized .....                                                                                 | 11678.35                      | 12175.88                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶                                                       | 407118.95                     | 522536.53                         |
| (b) Political Party Committees .....                                                                  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                                    | 0.00                          | 30000.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 407118.95                     | 552536.53                         |
| 12. Transfers From Affiliated/Other Party Committees.....                                             | 0.00                          | 0.00                              |
| 13. All Loans Received .....                                                                          | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....                                                                     | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....                                           | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds                                                        |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....                                                      | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....                                                              | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..                                                           | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                         | 407118.95                     | 552536.53                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                   | 407118.95                     | 552536.53                         |

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:                                                                    |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....                                                                    | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....                                                 | 18762.50                      | 75906.77                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 18762.50                      | 75906.77                          |
| 22. Transfers to Affiliated/Other Party Committees.....                                        | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 179000.00                     | 189000.00                         |
| 24. Independent Expenditures (use Schedule E) .....                                            | 38287.50                      | 96390.08                          |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....                                                                  | 0.00                          | 0.00                              |
| 27. Loans Made.....                                                                            | 0.00                          | 0.00                              |
| 28. Refunds of Contributions To:                                                               |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                           | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 1434.45                           |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))                                          |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....                                                                        | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....                                                                        | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 236050.00                     | 362731.30                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 236050.00                     | 362731.30                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                             | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---------------------------------------------------------------------------------------|---------------------------------------|-------------------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....         | 407118.95                             | 552536.53                                 |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                             | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....     | 407118.95                             | 552536.53                                 |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) .....▶ | 18762.50                              | 75906.77                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                  | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....▶              | 18762.50                              | 75906.77                                  |

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

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

FOR LINE NUMBER: PAGE 6 OF 48

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ahmad, Mohamad, , ,**

Mailing Address 79275 N sunset ridge dr

City  
La quinta

State  
CA

Zip Code  
92253

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Valor LLP

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

07 / 20 / 2026

Transaction ID : SA11AI.4495

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ahmad, Zia, , ,**

Mailing Address 42 Bopp Ln

City  
Saint Louis

State  
MO

Zip Code  
63131

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
BSCV Consultants

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.25

Date of Receipt

07 / 01 / 2026

Transaction ID : SA11AI.4450

Amount of Each Receipt this Period

1035.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Alabsi, Nooraldein, , ,**

Mailing Address 752 Crosscreek Trl

City  
Pelham

State  
AL

Zip Code  
35124

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Carrier

Occupation (for Individual)  
HVAC Sales Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 01 / 2026

Transaction ID : SA11AI.4391

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

51285.25

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 48  
(check only one)☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Almadani, Yasin, , ,**

Mailing Address 1647 N Mountain View Pl

City  
FullertonState  
CAZip Code  
92831FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Law AlmOccupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2026

Transaction ID : SA11AI.4479

Amount of Each Receipt this Period

1035.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Atiq, Mehreen, , ,**

Mailing Address 58 River Ridge Rd

City  
Little RockState  
ARZip Code  
72227FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4385

Amount of Each Receipt this Period

259.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Azzam, Omar, , ,**

Mailing Address 2746 Agua Vista Dr

City  
San JoseState  
CAZip Code  
95132FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
NvidiaOccupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 11 / 2026

Transaction ID : SA11AI.4466

Amount of Each Receipt this Period

5000.00

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

6294.25

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 48  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barakat, Nader, , ,**

Mailing Address 13792 Pacific Breeze Dr

City  
Santa Rosa ValleyState  
CAZip Code  
93012FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4411

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. CAIR Action**

Mailing Address 1700 Tribute Road

City  
SacramentoState  
CAZip Code  
95815FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2026

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period

100000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Hamza, Mahmoud, , ,**

Mailing Address 528 Amsterdam Ave

City  
RidgewoodState  
NJZip Code  
07450FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

517.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4487

Amount of Each Receipt this Period

517.75

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

100767.75

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

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

FOR LINE NUMBER: PAGE 9 OF 48  
(check only one)

|                                         |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13             | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  | <input type="checkbox"/> 16 |
| <input type="checkbox"/>                | <input type="checkbox"/>     | <input type="checkbox"/>     | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hussein, Maen, , ,**

Mailing Address 5239 Dragonfly Dr.

City  
Wildwood

State  
FL

Zip Code  
34785-7745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FCS

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000.00

Date of Receipt

07 / 27 / 2026

Transaction ID : SA11AI.4498

Amount of Each Receipt this Period

20000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hussein, Maen, , ,**

Mailing Address 5239 Dragonfly Dr.

City  
Wildwood

State  
FL

Zip Code  
34785-7745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
FCS

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

07 / 29 / 2026

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period

30000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Iqbal, Aatif, , ,**

Mailing Address 2519 30th Dr Apt 3G

City  
Astoria

State  
NY

Zip Code  
11102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
City of New York

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

517.75

Date of Receipt

07 / 02 / 2026

Transaction ID : SA11AI.4460

Amount of Each Receipt this Period

517.75

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

50517.75

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

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

FOR LINE NUMBER: PAGE 10 OF 48  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Iqbal, Nadeem, , ,**

Mailing Address 161 Buckthorn Rd

City  
Baden

State  
PA

Zip Code  
15005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Radiology Partners

Occupation (for Individual)  
Doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5175.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4425

Amount of Each Receipt this Period

5175.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Islam, Md, , ,**

Mailing Address 39 Wishing Well Ln

City  
Rexford

State  
NY

Zip Code  
12148

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
IBM

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4403

Amount of Each Receipt this Period

1035.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Jimenez, Mauricio, , ,**

Mailing Address 2117 Richmond St NW

City  
Grand Rapids

State  
MI

Zip Code  
49504

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

517.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4423

Amount of Each Receipt this Period

517.75

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

6728.25

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

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

FOR LINE NUMBER: PAGE 11 OF 48  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Khalil, Mohammad, , ,**

Mailing Address 4710 Elm St Apt W706

City  
Bethesda

State  
MD

Zip Code  
20814

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gould Property Company

Occupation (for Individual)  
Accountant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
07 / 01 / 2026

Transaction ID : SA11AI.4387

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Khan, Mutahir, , ,**

Mailing Address 9346 Silverhollow Ln

City  
Elk Grove

State  
CA

Zip Code  
95624

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.75

Date of Receipt

MM / DD / YYYY  
07 / 01 / 2026

Transaction ID : SA11AI.4439

Amount of Each Receipt this Period

517.75

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Khan, Rabia, , ,**

Mailing Address 640 Oxford Blvd

City  
Pittsburgh

State  
PA

Zip Code  
15243

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY  
07 / 05 / 2026

Transaction ID : SA11AI.4462

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1317.75

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 48  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Khan, Zameer, , ,**

Mailing Address 2626 Hosanna Dr

City

Powder Springs

State

GA

Zip Code

30127

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Retired

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

207.50

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4442

Amount of Each Receipt this Period

103.75

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. KIRA, Tamer, , ,**

Mailing Address 5230 Club House Dr

City

Pleasanton

State

CA

Zip Code

94566

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Renasas

Occupation (for Individual)

Marketing

Receipt For:

☐  
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

1035.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4429

Amount of Each Receipt this Period

1035.25

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Latif, Syed, , ,**

Mailing Address 8100 Chestnut Ct

City

Granite Bay

State

CA

Zip Code

95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sutter Medical Group

Occupation (for Individual)

Physician

Receipt For:

☐  
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

2070.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4427

Amount of Each Receipt this Period

2070.25

☐

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

3209.25

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

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

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

FOR LINE NUMBER: PAGE 13 OF 48  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Latif, Syed, , ,**

Mailing Address 8100 Chestnut Ct

City  
Granite Bay

State  
CA

Zip Code  
95746

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Sutter Medical Group

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2080.85

Date of Receipt

MM / DD / YYYY  
07 / 27 / 2026

Transaction ID : SA11AI.4475

Amount of Each Receipt this Period

10.60

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mahmood, Arshad, , ,**

Mailing Address 245 Edelweiss Dr

City  
Wexford

State  
PA

Zip Code  
15090

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Independence health system

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

MM / DD / YYYY  
07 / 02 / 2026

Transaction ID : SA11AI.4458

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Malik, Tariq, , ,**

Mailing Address 17025 Orrville Rd

City  
Wildwood

State  
MO

Zip Code  
63005

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Malik And Associates PC

Occupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1035.25

Date of Receipt

MM / DD / YYYY  
07 / 01 / 2026

Transaction ID : SA11AI.4395

Amount of Each Receipt this Period

1035.25

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

3045.85

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 48  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Mirza, Amna, , ,**

Mailing Address 109 Allanmere Ct

City  
San RamonState  
CAZip Code  
94582FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self EmployedOccupation (for Individual)  
Marketing

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4452

Amount of Each Receipt this Period

259.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Mirza, Shireen, , ,**

Mailing Address 241 Socrates Pl

City  
El Dorado HillsState  
CAZip Code  
95762FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TPMgOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4413

Amount of Each Receipt this Period

1035.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Musmar, Ghaith, , ,**

Mailing Address 1246 Reston Ave

City  
HerndonState  
VAZip Code  
20170FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
MillermusmarOccupation (for Individual)  
CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4399

Amount of Each Receipt this Period

1000.00

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

2294.25

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 48  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Naqui, Ejaz, , ,**

Mailing Address 13148 Greer Dr

City  
San DiegoState  
CAZip Code  
92129FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 20 / 2026

Transaction ID : SA11AI.4493

Amount of Each Receipt this Period

50000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Qayyum, Ijaz, , ,**

Mailing Address 820 Lakeview Ln

City  
Burr RidgeState  
ILZip Code  
60527FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 02 / 2026

Transaction ID : SA11AI.4454

Amount of Each Receipt this Period

1035.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Qureini, Aref, , ,**

Mailing Address 16209 Oakmont St

City  
Overland ParkState  
KSZip Code  
66221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TukshOccupation (for Individual)  
Provider

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

517.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4401

Amount of Each Receipt this Period

517.75

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

51553.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 48  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Qureini, Aref, , ,**

Mailing Address 16209 Oakmont St

City  
Overland ParkState  
KSZip Code  
66221FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TukshOccupation (for Individual)  
Provider

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.75

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 26 / 2026

Transaction ID : SA11AI.4472

Amount of Each Receipt this Period

518.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rahman, Mahmoodur, , ,**

Mailing Address 7305 Westlawn Ave

City  
Los AngelesState  
CAZip Code  
90045FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/AOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4441

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Saleem, Sadaf, , ,**

Mailing Address 4455 E Coronado Dr

City  
TucsonState  
AZZip Code  
85718FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
El rio community healthOccupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2070.25

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4419

Amount of Each Receipt this Period

2070.25

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

3588.25

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 48

(check only one)

|                                         |                              |                              |                             |                             |                             |                             |                             |                             |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shafi, Imran, , ,**

Mailing Address 136 Incense Ter

City  
SunnyvaleState  
CAZip Code  
94086FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Apple

Occupation (for Individual)

Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

517.75

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 29 / 2026

Transaction ID : SA11AI.4477

Amount of Each Receipt this Period

517.75

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shah, Saleem, , ,**

Mailing Address 9236 Sophia Ave

City  
North HillsState  
CAZip Code  
91343FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

CAIR CA

Occupation (for Individual)

Programs manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1035.25

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4448

Amount of Each Receipt this Period

1035.25

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Suleiman, Fadi, , ,**

Mailing Address 6291 Wismer Cir

City  
DublinState  
OHZip Code  
43016FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

N/A

Occupation (for Individual)

Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 01 / 2026

Transaction ID : SA11AI.4389

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

3553.00

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

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

FOR LINE NUMBER: PAGE 18 OF 48  
(check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Suleiman, Fadi, , ,**

Mailing Address 6291 Wismer Cir

City  
Dublin

State  
OH

Zip Code  
43016

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Self-Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12000.00

Date of Receipt

MM / DD / YYYY  
07 / 16 / 2026

Transaction ID : SA11AI.4469

Amount of Each Receipt this Period

10000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Syed, Shamsuddin, , ,**

Mailing Address 1950 Hillwood Dr

City

Bloomfield Hills

State

MI

Zip Code

48304

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed (Sherlock Capital)

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

786.00

Date of Receipt

MM / DD / YYYY  
07 / 01 / 2026

Transaction ID : SA11AI.4433

Amount of Each Receipt this Period

786.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Tayeb, Jukaku, , ,**

Mailing Address 2486 Mits Way

City

Tracy

State

CA

Zip Code

95376

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

MM / DD / YYYY  
07 / 20 / 2026

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period

100000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

110786.00

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

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

FOR LINE NUMBER: PAGE 19 OF 48  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A.** Usman, Munira, , ,

Mailing Address 9017 Mesa Woods Ave

City  
San Diego

State  
CA

Zip Code  
92126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
N/A

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 07 / 01 / 2026

Transaction ID : SA11AI.4417

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-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)..... ►

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

500.00

395440.60

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

PAGE 20 OF 48

|                                         |                              |                              |                             |                              |
|-----------------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

UNITY &amp; JUSTICE FUND

Full Name (Last, First, Middle Initial)

**A. Chase & Porter**

Mailing Address 21509 Garrison St

City  
DearbornState  
MIZip Code  
48124

Purpose of Disbursement

Credit toward future IEs

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 2 | 7 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.4542

Amount of Each Disbursement this Period

11712.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Into the Blue Consulting**Mailing Address 3172 N. Rainbow Blvd.  
PMB 227City  
Las VegasState  
NVZip Code  
89108

Purpose of Disbursement

Campaign Consulting

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 3 | 0 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.4362

Amount of Each Disbursement this Period

6300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Silk City Strategies**Mailing Address 242 Cedar Grove Road  
Suite 201City  
Little FallsState  
NJZip Code  
07424

Purpose of Disbursement

Website Maintenance

Candidate Name

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 |   |   | 0 | 1 |   |   | 2 | 0 | 2 | 6 |   |   |

FEC Identification Number

**C**

Transaction ID : SB21B.4360

Amount of Each Disbursement this Period

750.00

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

18762.50

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

18762.50

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 48

☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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)

**UNITY & JUSTICE FUND**

Full Name (Last, First, Middle Initial)

## **A. FIGHTING FOR MICHIGAN PAC**

Mailing Address 8124 BONAIRE CT

City  
SILVER SPRING

State  
MD

Zip Code  
20910

Purpose of Disbursement  
To Support Abdul El-Sayed

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 21 / 2026

FEC Identification Number

**C** C00919373

**Transaction ID : SB23.4504**

Amount of Each Disbursement this Period

175000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. WORKING FAMILIES PARTY PAC**

Mailing Address 77 SANDS STREET

City  
BROOKLYN

State  
NY

Zip Code  
11201

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 27 / 2026

FEC Identification Number

**C** C00606962

**Transaction ID : SB23.4501**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

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

179000.00

179000.00

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 22 OF 48

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**UNITY & JUSTICE FUND**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Messenger Printing Service**

Nature of Debt (Purpose):

Palm Cards

Mailing Address 20136 Ecourse Road

City  
TaylorState  
MIZip Code  
48180

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.4515

Amount Incurred This Period

1369.52

Payment This Period

0.00

Outstanding Balance at Close of This Period

1369.52

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Scale to Win**

Nature of Debt (Purpose):

Texting

Mailing Address 455 Market St Ste 1940  
PMB 546116City  
San FranciscoState  
CAZip Code  
94105

Outstanding Balance Beginning This Period

99.97

Transaction ID : SD10.4197

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

99.97

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Scale to Win**

Nature of Debt (Purpose):

Texting and Phonebank - IE debt for Memoed  
June entries, actual amounts will be paid in  
Sept reportMailing Address 455 Market St Ste 1940  
PMB 546116City  
San FranciscoState  
CAZip Code  
94105

Outstanding Balance Beginning This Period

7124.10

Transaction ID : SD10.4173

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7124.10

1) SUBTOTALS This Period This Page (optional)..... ►

8593.59

2) TOTALS This Period (last page this line number only)..... ►

8593.59

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ..... ►

0.00

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ►

8593.59

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 23 OF 48  
 FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |  |             |                                                                                                                                           |                                                                                                              |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                              |  |             |                                                                                                                                           | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00881011                                                            |                                                                                                                                                       |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |  |             |                                                                                                                                           | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> |                                                                                                                                                       |
| Full Name of Payee<br>Chase & Porter                                                                                                                                                                                                                                                                                                                        |  |             | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>07 / 24 / 2026 |                                                                                                              |                                                                                                                                                       |
| Mailing Address 21509 Garrison St                                                                                                                                                                                                                                                                                                                           |  |             | Amount<br><span style="border: 1px solid black; padding: 2px;">1206.25</span>                                                             |                                                                                                              |                                                                                                                                                       |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                            |  | State<br>MI | Zip Code<br>48124                                                                                                                         |                                                                                                              | Transaction ID : SE.4204                                                                                                                              |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported Estimate \$2500)                                                                                                                                                                                                                                                                         |  |             | Category/Type<br>004                                                                                                                      |                                                                                                              | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>07 / 27 / 2026                    |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |  |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                            |                                                                                                              | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |             | <span style="border: 1px solid black; padding: 2px;">4518.56</span>                                                                       |                                                                                                              | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶          |
| Full Name of Payee<br>Chase & Porter                                                                                                                                                                                                                                                                                                                        |  |             | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>07 / 23 / 2026 |                                                                                                              |                                                                                                                                                       |
| Mailing Address 21509 Garrison St                                                                                                                                                                                                                                                                                                                           |  |             | Amount<br><span style="border: 1px solid black; padding: 2px;">4037.50</span>                                                             |                                                                                                              |                                                                                                                                                       |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                            |  | State<br>MI | Zip Code<br>48124                                                                                                                         |                                                                                                              | Transaction ID : SE.4212                                                                                                                              |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported as Estimate)                                                                                                                                                                                                                                                                             |  |             | Category/Type<br>004                                                                                                                      |                                                                                                              | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>07 / 27 / 2026                    |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |  |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                            |                                                                                                              | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |  |             | <span style="border: 1px solid black; padding: 2px;">8556.06</span>                                                                       |                                                                                                              | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶          |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |  |             |                                                                                                                                           | <span style="border: 1px solid black; padding: 2px;">5243.75</span>                                          |                                                                                                                                                       |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |  |             |                                                                                                                                           | <span style="border: 1px solid black; padding: 2px;"></span>                                                 |                                                                                                                                                       |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |  |             |                                                                                                                                           | <span style="border: 1px solid black; padding: 2px;"></span>                                                 |                                                                                                                                                       |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |  |             |                                                                                                                                           |                                                                                                              |                                                                                                                                                       |
| Signature<br>Sunderland, Eric, , ,                                                                                                                                                                                                                                                                                                                          |  |             |                                                                                                                                           | Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>08 / 25 / 2026            |                                                                                                                                                       |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 24 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                           |                                                                                                                                                                                                                                                         |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                              |             |                                                                                                                                           | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                                                                                               |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                      |             |                                                                                                                                           |                                                                                                                                                                                                                                                         |  |
| Full Name of Payee<br>Chase & Porter <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                     |             |                                                                                                                                           | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                            |  |
| Mailing Address    21509 Garrison St                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                                           | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">587.50</div>                                                                                                                                                       |  |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                            | State<br>MI | Zip Code<br>48124                                                                                                                         | <b>Transaction ID : SE.4213</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                |  |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported as Estimate)                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>                                    | Name of Federal Candidate:<br>EL-SAYED, ABDUL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00    State: MI |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9143.56</div>                                                                                                                                                                                                            |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                                                                                                         |  |
| Full Name of Payee<br>Chase & Porter <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                     |             |                                                                                                                                           | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                            |  |
| Mailing Address    21509 Garrison St                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                                           | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">525.00</div>                                                                                                                                                       |  |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                            | State<br>MI | Zip Code<br>48124                                                                                                                         | <b>Transaction ID : SE.4214</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                |  |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported as Estimate)                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>                                    | Name of Federal Candidate:<br>EL-SAYED, ABDUL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00    State: MI |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9668.56</div>                                                                                                                                                                                                            |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |                                                                                                                                                                                                                                                         |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             |                                                                                                                                           | <div style="border: 1px solid black; padding: 2px; display: inline-block;">1112.50</div>                                                                                                                                                                |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             |                                                                                                                                           | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                       |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             |                                                                                                                                           | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                       |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                                                           |                                                                                                                                                                                                                                                         |  |
| Signature<br><u>Sunderland, Eric, , ,</u>                                                                                                                                                                                                                                                                                                                   |             |                                                                                                                                           | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                                                    |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 25 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                        |                                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                              |             |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |             |                                                                                                        | New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                        |  |
| Full Name of Payee<br>Chase & Porter                                                                                                                                                                                                                                                                                                                        |             | <input type="checkbox"/> Memo Item                                                                     | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |  |
| Mailing Address 21509 Garrison St                                                                                                                                                                                                                                                                                                                           |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">425.00</div>                                                                        |  |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                            | State<br>MI | Zip Code<br>48124                                                                                      | <b>Transaction ID : SE.4215</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |  |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported as Estimate)                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |  |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                         | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                    |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">10093.56</div>              | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |  |
| Full Name of Payee<br>Chase & Porter                                                                                                                                                                                                                                                                                                                        |             | <input type="checkbox"/> Memo Item                                                                     | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |  |
| Mailing Address 21509 Garrison St                                                                                                                                                                                                                                                                                                                           |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">275.00</div>                                                                        |  |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                            | State<br>MI | Zip Code<br>48124                                                                                      | <b>Transaction ID : SE.4216</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |  |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported as Estimate)                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |  |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                         | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                    |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">10368.56</div>              | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;">700.00</div>                                                                                  |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                        |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                        |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                        |                                                                                                                                                                          |  |
| Signature<br><u>Sunderland, Eric, , ,</u>                                                                                                                                                                                                                                                                                                                   |             |                                                                                                        | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                     |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 26 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                     |                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>NAME OF COMMITTEE (In Full)</b><br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                               | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00881011 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> |                                                          |

|                                                                                                                                |                                    |                                                                                                                                                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Full Name of Payee</b><br>Chase & Porter                                                                                    | <input type="checkbox"/> Memo Item | <b>Date of Public Distribution/Dissemination</b><br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span><br>07 / 16 / 2026                                                          |
| <b>Mailing Address</b> 21509 Garrison St                                                                                       |                                    | <b>Amount</b><br><span style="border:1px solid black; padding:2px;">662.50</span>                                                                                                                                |
| <b>City</b><br>Dearborn                                                                                                        | <b>State</b><br>MI                 |                                                                                                                                                                                                                  |
| <b>Purpose of Expenditure</b><br>Canvassing - Actual (Previously reported as Estimate)                                         |                                    | <b>Category/Type</b> <span style="border:1px solid black; padding:2px;">004</span>                                                                                                                               |
| <b>Name of Federal Candidate:</b><br>EL-SAYED, ABDUL, , ,                                                                      |                                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>Office Sought:</b> <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <b>District:</b> 00 <b>State:</b> MI |
| <b>Calendar Year-To-Date Per Election for Office Sought</b> <span style="border:1px solid black; padding:2px;">11031.06</span> |                                    | <b>Disbursement For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶                                                                 |

|                                                                                                                               |                                    |                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Full Name of Payee</b><br>Chase & Porter                                                                                   | <input type="checkbox"/> Memo Item | <b>Date of Public Distribution/Dissemination</b><br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span><br>07 / 24 / 2026                                                          |
| <b>Mailing Address</b> 21509 Garrison St                                                                                      |                                    | <b>Amount</b><br><span style="border:1px solid black; padding:2px;">1206.25</span>                                                                                                                               |
| <b>City</b><br>Dearborn                                                                                                       | <b>State</b><br>MI                 |                                                                                                                                                                                                                  |
| <b>Purpose of Expenditure</b><br>Canvassing actual (Previously reported as \$2500 estimate)                                   |                                    | <b>Category/Type</b> <span style="border:1px solid black; padding:2px;">004</span>                                                                                                                               |
| <b>Name of Federal Candidate:</b><br>MCKINNEY, DONAVAN, , ,                                                                   |                                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>Office Sought:</b> <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <b>District:</b> 13 <b>State:</b> MI |
| <b>Calendar Year-To-Date Per Election for Office Sought</b> <span style="border:1px solid black; padding:2px;">1206.25</span> |                                    | <b>Disbursement For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶                                                                 |

|                                                                 |   |                                                                   |
|-----------------------------------------------------------------|---|-------------------------------------------------------------------|
| <b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>  | ▶ | <span style="border:1px solid black; padding:2px;">1868.75</span> |
| <b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b> | ▶ | <span style="border:1px solid black; padding:2px;"></span>        |
| <b>(c) TOTAL Independent Expenditures .....</b>                 | ▶ | <span style="border:1px solid black; padding:2px;"></span>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sunderland, Eric, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2026

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 27 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                        |                                                                                                                                                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                        |                                                                                                                                                                          |  |
| Full Name of Payee<br>Chase & Porter <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |  |
| Mailing Address    21509 Garrison St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">800.00</div>                                                                        |  |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State<br>MI | Zip Code<br>48124                                                                                      | <b>Transaction ID : SE.4222</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |  |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported as Estimate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |  |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                        | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">11831.06</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |  |
| Full Name of Payee<br>Chase & Porter <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |  |
| Mailing Address    21509 Garrison St                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">1850.00</div>                                                                       |  |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | State<br>MI | Zip Code<br>48124                                                                                      | <b>Transaction ID : SE.4223</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |  |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported as Estimate)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |  |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                        | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">13681.06</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">2650.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                                                                                                        |                                                                                                                                                                          |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                        |                                                                                                                                                                          |  |
| Signature<br><u>Sunderland, Eric, , ,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                        | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                     |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 28 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                                                          |                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                              |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"><span style="font-size: 1.5em; margin-right: 5px;">C</span>C00881011</div> |                                                                                                                                                                                       |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |             | New report      Amends report filed on <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div>                                                      |                                                                                                                                                                                       |
| Full Name of Payee<br>Chase & Porter                                                                                                                                                                                                                                                                                                                        |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div>                                                |                                                                                                                                                                                       |
| Mailing Address<br>21509 Garrison St                                                                                                                                                                                                                                                                                                                        |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">950.00</div>                                                                                           |                                                                                                                                                                                       |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                            | State<br>MI | Zip Code<br>48124                                                                                                                                                                                        | <b>Transaction ID : SE.4224</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div> |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported as Estimate)                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">004</div>                                                                                      |                                                                                                                                                                                       |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                                                    |                                                                                                                                                                                       |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                             |                                                                                                                                                                                       |
| Full Name of Payee<br>Chase & Porter                                                                                                                                                                                                                                                                                                                        |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div>                                                |                                                                                                                                                                                       |
| Mailing Address<br>21509 Garrison St                                                                                                                                                                                                                                                                                                                        |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">2012.50</div>                                                                                          |                                                                                                                                                                                       |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                            | State<br>MI | Zip Code<br>48124                                                                                                                                                                                        | <b>Transaction ID : SE.4225</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div> |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported as Estimate)                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">004</div>                                                                                      |                                                                                                                                                                                       |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |             | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                                                    |                                                                                                                                                                                       |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                                             |                                                                                                                                                                                       |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">2962.50</div>                                                                                                    |                                                                                                                                                                                       |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>                                                                                                          |                                                                                                                                                                                       |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>                                                                                                          |                                                                                                                                                                                       |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                                                                                                                          |                                                                                                                                                                                       |
| Signature<br><br>Sunderland, Eric, , ,                                                                                                                                                                                                                                                                                                                      |             | Date <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;">MM / DD / YYYY</div>                                                                                        |                                                                                                                                                                                       |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 29 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                            |                                                   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                             | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00881011 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on <span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span> |                                                   |

|                                                                                                                            |                                    |                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Chase & Porter                                                                                       | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination<br><span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span><br>07 / 21 / 2026                                                           |
| Mailing Address 21509 Garrison St                                                                                          |                                    | Amount<br><span style="border:1px solid black; padding:2px;">2650.00</span>                                                                                                                       |
| City<br>Dearborn                                                                                                           | State<br>MI                        |                                                                                                                                                                                                   |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported as Estimate)                                            |                                    | Category/Type <span style="border:1px solid black; padding:2px;">004</span>                                                                                                                       |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                         |                                    | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00    State: MI |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border:1px solid black; padding:2px;">19293.56</span> |                                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶                                                         |

|                                                                                                                            |                                    |                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>Chase & Porter                                                                                       | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination<br><span style="border:1px solid black; padding:2px;">MM / DD / YYYY</span><br>07 / 22 / 2026                                                           |
| Mailing Address 21509 Garrison St                                                                                          |                                    | Amount<br><span style="border:1px solid black; padding:2px;">2700.00</span>                                                                                                                       |
| City<br>Dearborn                                                                                                           | State<br>MI                        |                                                                                                                                                                                                   |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported as Estimate)                                            |                                    | Category/Type <span style="border:1px solid black; padding:2px;">004</span>                                                                                                                       |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                         |                                    | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00    State: MI |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border:1px solid black; padding:2px;">21993.56</span> |                                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶                                                         |

|                                                          |                                                                   |
|----------------------------------------------------------|-------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....  | <span style="border:1px solid black; padding:2px;">5350.00</span> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | <span style="border:1px solid black; padding:2px;"></span>        |
| (c) TOTAL Independent Expenditures .....                 | <span style="border:1px solid black; padding:2px;"></span>        |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sunderland, Eric, , ,

Signature

Date

MM / DD / YYYY  
08 / 25 / 2026



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 31 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                        |                                                                                                                                                                                                                                                                                              |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                              |             |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                                                                                                                                    |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                           |             |                                                                                                        |                                                                                                                                                                                                                                                                                              |  |
| Full Name of Payee<br>Chase & Porter <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                     |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                                                 |  |
| Mailing Address    21509 Garrison St                                                                                                                                                                                                                                                                                                                        |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">8525.00</div>                                                                                                                                                                                           |  |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                            | State<br>MI | Zip Code<br>48124                                                                                      | <b>Transaction ID : SE.4271</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                     |  |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported Estimate of \$15,000)                                                                                                                                                                                                                                                                    |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Name of Federal Candidate:<br>MCKINNEY, DONAVAN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate    District: 13    State: MI |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10406.25</div>                                                                                                                                                                                                           |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶                                                                                                                                                    |  |
| Full Name of Payee<br>Chase & Porter <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                     |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                                                 |  |
| Mailing Address    21509 Garrison St                                                                                                                                                                                                                                                                                                                        |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">8525.00</div>                                                                                                                                                                                           |  |
| City<br>Dearborn                                                                                                                                                                                                                                                                                                                                            | State<br>MI | Zip Code<br>48124                                                                                      | <b>Transaction ID : SE.4272</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                     |  |
| Purpose of Expenditure<br>Canvassing - Actual (Previously reported estimate of \$15,000)                                                                                                                                                                                                                                                                    |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> | Name of Federal Candidate:<br>EL-SAYED, ABDUL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: 00    State: MI                                      |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">31193.56</div>                                                                                                                                                                                                           |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶                                                                                                                                                    |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;">17050.00</div>                                                                                                                                                                                                    |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                            |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                            |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                        |                                                                                                                                                                                                                                                                                              |  |
| Signature<br><u>Sunderland, Eric, , ,</u>                                                                                                                                                                                                                                                                                                                   |             |                                                                                                        | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                                                                                         |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 32 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                                       |                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                              |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                             |                                                                                                                                                                          |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |             | New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                     |                                                                                                                                                                          |
| Full Name of Payee<br>CrystalClearImages.com, LLC                                                                                                                                                                                                                                                                                                           |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>07 / 11 / 2026                        |                                                                                                                                                                          |
| Mailing Address 15627 West McNichols                                                                                                                                                                                                                                                                                                                        |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                                       |                                                                                                                                                                          |
| City<br>Detroit                                                                                                                                                                                                                                                                                                                                             | State<br>MI | Zip Code<br>48235                                                                                                                                                                     | <b>Transaction ID : SE.4264</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |
| Purpose of Expenditure<br>Palm cards - Estimate (FEC file wouldn't let me delete this)                                                                                                                                                                                                                                                                      |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>                                                                                |                                                                                                                                                                          |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |             | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |                                                                                                                                                                          |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                     |                                                                                                                                                                          |
| Full Name of Payee<br>CrystalClearImages.com, LLC                                                                                                                                                                                                                                                                                                           |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>07 / 11 / 2026                        |                                                                                                                                                                          |
| Mailing Address 15627 West McNichols                                                                                                                                                                                                                                                                                                                        |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">915.00</div>                                                                                     |                                                                                                                                                                          |
| City<br>Detroit                                                                                                                                                                                                                                                                                                                                             | State<br>MI | Zip Code<br>48235                                                                                                                                                                     | <b>Transaction ID : SE.4518</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |
| Purpose of Expenditure<br>Palm cards - Estimate                                                                                                                                                                                                                                                                                                             |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>                                                                                |                                                                                                                                                                          |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |             | Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |                                                                                                                                                                          |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                     |                                                                                                                                                                          |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                                                 |                                                                                                                                                                          |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                     |                                                                                                                                                                          |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                     |                                                                                                                                                                          |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                                                                                                       |                                                                                                                                                                          |
| Signature<br><br>Sunderland, Eric, , ,                                                                                                                                                                                                                                                                                                                      |             | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div><br>08 / 25 / 2026                                                                |                                                                                                                                                                          |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 33 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                     |                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>NAME OF COMMITTEE (In Full)</b><br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                               | <b>FEC IDENTIFICATION NUMBER ▼</b><br><b>C</b> C00881011 |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> |                                                          |

|                                                                                                                                                                                                           |                                                                                                                                                                                                                                                      |                                                                                                                                                                    |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>Full Name of Payee</b><br>Messenger Printing Service <input type="checkbox"/> Memo Item                                                                                                                | <b>Date of Public Distribution/Dissemination</b><br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span><br>07 / 24 / 2026                                                                                              |                                                                                                                                                                    |                          |                          |
| <b>Mailing Address</b> 20136 Ecourse Road                                                                                                                                                                 | <b>Amount</b><br><span style="border:1px solid black; padding:2px;">0.00</span><br><b>Transaction ID : SE.4234</b><br><b>Date of Disbursement or Obligation</b><br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> |                                                                                                                                                                    |                          |                          |
| <table border="1" style="width:100%"><tr><td style="width:33%"><b>City</b><br/>Taylor</td><td style="width:33%"><b>State</b><br/>MI</td><td style="width:33%"><b>Zip Code</b><br/>48180</td></tr></table> |                                                                                                                                                                                                                                                      | <b>City</b><br>Taylor                                                                                                                                              | <b>State</b><br>MI       | <b>Zip Code</b><br>48180 |
| <b>City</b><br>Taylor                                                                                                                                                                                     |                                                                                                                                                                                                                                                      | <b>State</b><br>MI                                                                                                                                                 | <b>Zip Code</b><br>48180 |                          |
| <b>Purpose of Expenditure</b><br>Canvassing Palm Cards - Estimate updated as a memo entry - could not delete in FECFile                                                                                   | <b>Category/Type</b> <span style="border:1px solid black; padding:2px;">004</span>                                                                                                                                                                   |                                                                                                                                                                    |                          |                          |
| <b>Name of Federal Candidate:</b><br>EL-SAYED, ABDUL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                     |                                                                                                                                                                                                                                                      | <b>Office Sought:</b> <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI |                          |                          |
| <b>Calendar Year-To-Date Per Election for Office Sought</b><br><span style="border:1px solid black; padding:2px;">560.46</span>                                                                           |                                                                                                                                                                                                                                                      | <b>Disbursement For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                |                          |                          |

|                                                                                                                                                                                                           |                                                                                                                                                                                                                                                      |                                                                                                                                                                    |                          |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| <b>Full Name of Payee</b><br>Messenger Printing Service <input type="checkbox"/> Memo Item                                                                                                                | <b>Date of Public Distribution/Dissemination</b><br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span><br>07 / 24 / 2026                                                                                              |                                                                                                                                                                    |                          |                          |
| <b>Mailing Address</b> 20136 Ecourse Road                                                                                                                                                                 | <b>Amount</b><br><span style="border:1px solid black; padding:2px;">0.00</span><br><b>Transaction ID : SE.4237</b><br><b>Date of Disbursement or Obligation</b><br><span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y Y Y</span> |                                                                                                                                                                    |                          |                          |
| <table border="1" style="width:100%"><tr><td style="width:33%"><b>City</b><br/>Taylor</td><td style="width:33%"><b>State</b><br/>MI</td><td style="width:33%"><b>Zip Code</b><br/>48180</td></tr></table> |                                                                                                                                                                                                                                                      | <b>City</b><br>Taylor                                                                                                                                              | <b>State</b><br>MI       | <b>Zip Code</b><br>48180 |
| <b>City</b><br>Taylor                                                                                                                                                                                     |                                                                                                                                                                                                                                                      | <b>State</b><br>MI                                                                                                                                                 | <b>Zip Code</b><br>48180 |                          |
| <b>Purpose of Expenditure</b><br>Posters - Estimate                                                                                                                                                       | <b>Category/Type</b> <span style="border:1px solid black; padding:2px;">004</span>                                                                                                                                                                   |                                                                                                                                                                    |                          |                          |
| <b>Name of Federal Candidate:</b><br>EL-SAYED, ABDUL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                     |                                                                                                                                                                                                                                                      | <b>Office Sought:</b> <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI |                          |                          |
| <b>Calendar Year-To-Date Per Election for Office Sought</b><br><span style="border:1px solid black; padding:2px;">560.46</span>                                                                           |                                                                                                                                                                                                                                                      | <b>Disbursement For:</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                |                          |                          |

|                                                                 |                                                                |
|-----------------------------------------------------------------|----------------------------------------------------------------|
| <b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>  | <span style="border:1px solid black; padding:2px;">0.00</span> |
| <b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b> | <span style="border:1px solid black; padding:2px;"></span>     |
| <b>(c) TOTAL Independent Expenditures .....</b>                 | <span style="border:1px solid black; padding:2px;"></span>     |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sunderland, Eric, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2026

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 34 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                                                         |                                                                                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                              |             | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                               |                                                                                                                                                                                   |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report    Amends report filed on                                                                                                                                                                                           |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>                                                                |                                                                                                                                                                                   |
| Full Name of Payee<br>Messenger Printing Service<br><input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                      |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 24 / 2026 |                                                                                                                                                                                   |
| Mailing Address 20136 Ecourse Road                                                                                                                                                                                                                                                                                                                          |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                         |                                                                                                                                                                                   |
| City<br>Taylor                                                                                                                                                                                                                                                                                                                                              | State<br>MI | Zip Code<br>48180                                                                                                                                                       | <b>Transaction ID : SE.4238</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |
| Purpose of Expenditure<br>Posters - Estimate (FEC file wouldn't let me delete this)                                                                                                                                                                                                                                                                         |             | Category/<br>Type                                                                                                                                                       | <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>                                                                                              |
| Name of Federal Candidate:<br>MCKINNEY, DONAVAN, , ,                                                                                                                                                                                                                                                                                                        |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                          | Office Sought: <input checked="" type="checkbox"/> House    District: 13<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: MI                       |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                      |
| Full Name of Payee<br>Messenger Printing Service<br><input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                      |             | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 30 / 2026 |                                                                                                                                                                                   |
| Mailing Address 20136 Ecourse Road                                                                                                                                                                                                                                                                                                                          |             | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                         |                                                                                                                                                                                   |
| City<br>Taylor                                                                                                                                                                                                                                                                                                                                              | State<br>MI | Zip Code<br>48180                                                                                                                                                       | <b>Transaction ID : SE.4301</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |
| Purpose of Expenditure<br>Campaign Literature - Estimate (FEC file wouldn't let me delete this)                                                                                                                                                                                                                                                             |             | Category/<br>Type                                                                                                                                                       | <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>                                                                                              |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                          | Office Sought: <input type="checkbox"/> House    District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI                    |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">31193.56</div>                                                                               | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                                      |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                                   |                                                                                                                                                                                   |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                       |                                                                                                                                                                                   |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                       |                                                                                                                                                                                   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                                                                                         |                                                                                                                                                                                   |
| Signature<br><br>Sunderland, Eric, , ,                                                                                                                                                                                                                                                                                                                      |             | Date<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 25 / 2026                                      |                                                                                                                                                                                   |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                   |                                                                                                                                              |                                                                                                              |                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                              |             |                   |                                                                                                                                              | FEC IDENTIFICATION NUMBER ▼<br><b>C</b> C00881011                                                            |                                                                                                                                                       |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report                                                                                                                                                                                                                                                                    |             |                   |                                                                                                                                              | New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> |                                                                                                                                                       |
| Full Name of Payee<br>Messenger Printing Service                                                                                                                                                                                                                                                                                                            |             |                   | <input checked="" type="checkbox"/> Memo Item                                                                                                |                                                                                                              | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>07 / 24 / 2026             |
| Mailing Address 20136 Ecourse Road                                                                                                                                                                                                                                                                                                                          |             |                   | Amount<br><span style="border: 1px solid black; padding: 2px;">1369.52</span>                                                                |                                                                                                              | Transaction ID : SE.4513                                                                                                                              |
| City<br>Taylor                                                                                                                                                                                                                                                                                                                                              | State<br>MI | Zip Code<br>48180 |                                                                                                                                              |                                                                                                              |                                                                                                                                                       |
| Purpose of Expenditure<br>Canvassing Palm Cards - Estimate of \$316.94 reported on 48H                                                                                                                                                                                                                                                                      |             |                   | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">004</span>                                                            |                                                                                                              | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>                                      |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |             |                   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                               |                                                                                                              | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">560.46</span>                                                                                                                                                                                                                                  |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |                                                                                                              |                                                                                                                                                       |
| Full Name of Payee<br>Messenger Printing Service                                                                                                                                                                                                                                                                                                            |             |                   | <input checked="" type="checkbox"/> Memo Item                                                                                                |                                                                                                              | Date of Public Distribution/Dissemination<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>07 / 24 / 2026             |
| Mailing Address 20136 Ecourse Road                                                                                                                                                                                                                                                                                                                          |             |                   | Amount<br><span style="border: 1px solid black; padding: 2px;">76.85</span>                                                                  |                                                                                                              | Transaction ID : SE.4519                                                                                                                              |
| City<br>Taylor                                                                                                                                                                                                                                                                                                                                              | State<br>MI | Zip Code<br>48180 |                                                                                                                                              |                                                                                                              |                                                                                                                                                       |
| Purpose of Expenditure<br>Posters - Estimate                                                                                                                                                                                                                                                                                                                |             |                   | Category/<br>Type <span style="border: 1px solid black; padding: 2px;">004</span>                                                            |                                                                                                              | Date of Disbursement or Obligation<br><span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>                                      |
| Name of Federal Candidate:<br>MCKINNEY, DONAVAN, , ,                                                                                                                                                                                                                                                                                                        |             |                   | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                               |                                                                                                              | Office Sought: <input checked="" type="checkbox"/> House District: 13<br><input type="checkbox"/> President <input type="checkbox"/> Senate State: MI |
| Calendar Year-To-Date<br>Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>                                                                                                                                                                                                                                    |             |                   | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ |                                                                                                              |                                                                                                                                                       |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             |                   |                                                                                                                                              |                                                                                                              | <span style="border: 1px solid black; padding: 2px;">0.00</span>                                                                                      |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             |                   |                                                                                                                                              |                                                                                                              | <span style="border: 1px solid black; padding: 2px;"></span>                                                                                          |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             |                   |                                                                                                                                              |                                                                                                              | <span style="border: 1px solid black; padding: 2px;"></span>                                                                                          |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                   |                                                                                                                                              |                                                                                                              |                                                                                                                                                       |
| Signature<br><u>Sunderland, Eric, , ,</u>                                                                                                                                                                                                                                                                                                                   |             |                   |                                                                                                                                              | Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span><br>08 / 25 / 2026            |                                                                                                                                                       |

FEC Schedule E (Form 3X) Rev. 05/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 37 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                        |                                                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                              |             |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                           |             |                                                                                                        |                                                                                                                                                                          |  |
| Full Name of Payee<br>Scale to Win <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                       |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |  |
| Mailing Address 455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                        |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                          |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                       | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4228</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |  |
| Purpose of Expenditure<br>Texting - Estimate (FEC file wouldn't let me delete this)                                                                                                                                                                                                                                                                         |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |  |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                         | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                    |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                  | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |  |
| Full Name of Payee<br>Scale to Win <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                       |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |  |
| Mailing Address 455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                        |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                          |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                       | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4229</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |  |
| Purpose of Expenditure<br>Texting - Estimate (FEC file wouldn't let me delete this)                                                                                                                                                                                                                                                                         |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |  |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                          |             | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                         | Office Sought: <input type="checkbox"/> House District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                    |  |
| Calendar Year-To-Date<br>Per Election for Office Sought                                                                                                                                                                                                                                                                                                     |             | <div style="border: 1px solid black; padding: 2px; display: inline-block;">162.54</div>                | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                                    |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                        |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                        |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                        |                                                                                                                                                                          |  |
| Signature<br><u>Sunderland, Eric, , ,</u>                                                                                                                                                                                                                                                                                                                   |             |                                                                                                        | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                     |  |





**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 40 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                        |                                                                                                                                                                                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                              |             |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                         |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div>                                                                                                             |             |                                                                                                        |                                                                                                                                                                                   |  |
| Full Name of Payee<br>Scale to Win <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                       |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 26 / 2026           |  |
| Mailing Address    455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                                   |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                       | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4291</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |  |
| Purpose of Expenditure<br>Texting - Estimate (FEC file wouldn't let me delete this)                                                                                                                                                                                                                                                                         |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                                   |  |
| Name of Federal Candidate:<br>BUSH, CORI, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                                   |             |                                                                                                        | Office Sought: <input checked="" type="checkbox"/> House    District: 01<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: MO                       |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                                                                                                                                                               |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                 |  |
| Full Name of Payee<br>Scale to Win <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                       |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>07 / 29 / 2026           |  |
| Mailing Address    455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                                   |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                       | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4292</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> |  |
| Purpose of Expenditure<br>Texting - Estimate (FEC file wouldn't let me delete this)                                                                                                                                                                                                                                                                         |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                                   |  |
| Name of Federal Candidate:<br>BUSH, CORI, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                                   |             |                                                                                                        | Office Sought: <input checked="" type="checkbox"/> House    District: 01<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: MO                       |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">350.00</div>                                                                                                                                                                                                             |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                 |  |
| (a) SUBTOTAL of Itemized Independent Expenditures .....                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                                             |  |
| (b) SUBTOTAL of Unitemized Independent Expenditures.....                                                                                                                                                                                                                                                                                                    |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                 |  |
| (c) TOTAL Independent Expenditures .....                                                                                                                                                                                                                                                                                                                    |             |                                                                                                        | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                 |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                        |                                                                                                                                                                                   |  |
| Signature<br><u>Sunderland, Eric, , ,</u>                                                                                                                                                                                                                                                                                                                   |             |                                                                                                        | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div><br>08 / 25 / 2026                                                   |  |



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 42 OF 48  
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |             |                                                                                                        |                                                                                                                                                                          |                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                |                                                                                                                                                                           |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                        |                                                                                                                                                                          |                                                                                                                                                                           |
| Full Name of Payee<br>Scale to Win <input type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |                                                                                                                                                                           |
| Mailing Address    455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                          |                                                                                                                                                                           |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4300</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |                                                                                                                                                                           |
| Purpose of Expenditure<br>Texting - Estimate (FEC file wouldn't let me delete this)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |                                                                                                                                                                           |
| Name of Federal Candidate:<br>MCKINNEY, DONAVAN, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                        | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                           | Office Sought: <input checked="" type="checkbox"/> House    District: <u>13</u><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MI</u> |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10406.25</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |                                                                                                                                                                           |
| Full Name of Payee<br>Scale to Win <input checked="" type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |                                                                                                                                                                           |
| Mailing Address    455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">175.00</div>                                                                        |                                                                                                                                                                           |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4520</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |                                                                                                                                                                           |
| Purpose of Expenditure<br>Texting - Estimate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |                                                                                                                                                                           |
| Name of Federal Candidate:<br>MCKINNEY, DONAVAN, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                        | <input checked="" type="checkbox"/> Support<br><input type="checkbox"/> Oppose                                                                                           | Office Sought: <input checked="" type="checkbox"/> House    District: <u>13</u><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MI</u> |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |                                                                                                                                                                           |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) <b>TOTAL</b> Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                                                                                                        |                                                                                                                                                                          |                                                                                                                                                                           |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                        |                                                                                                                                                                          |                                                                                                                                                                           |
| Signature<br><u>Sunderland, Eric, , ,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |             |                                                                                                        | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                     |                                                                                                                                                                           |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 43 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                        |                                                                                                                                                                           |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                              |             |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                 |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                           |             |                                                                                                        |                                                                                                                                                                           |  |
| Full Name of Payee<br>Scale to Win <input checked="" type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                            |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                              |  |
| Mailing Address    455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">79.93</div>                                                                          |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                       | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4521</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>  |  |
| Purpose of Expenditure<br>Texting - Estimate                                                                                                                                                                                                                                                                                                                |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                           |  |
| Name of Federal Candidate:<br>MCKINNEY, DONAVAN, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                            |             |                                                                                                        | Office Sought: <input checked="" type="checkbox"/> House    District: <u>13</u><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MI</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10486.18</div>                                                                                                                                                                                                           |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                              |  |
| Full Name of Payee<br>Scale to Win <input checked="" type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                            |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                              |  |
| Mailing Address    455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">350.00</div>                                                                         |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                       | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4522</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>  |  |
| Purpose of Expenditure<br>Texting - Estimate                                                                                                                                                                                                                                                                                                                |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                           |  |
| Name of Federal Candidate:<br>BUSH, CORI, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                                   |             |                                                                                                        | Office Sought: <input checked="" type="checkbox"/> House    District: <u>01</u><br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>MO</u> |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">350.00</div>                                                                                                                                                                                                             |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                              |  |
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures ..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>                                                                                                                                                                                                      |             |                                                                                                        |                                                                                                                                                                           |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                         |             |                                                                                                        |                                                                                                                                                                           |  |
| (c) <b>TOTAL</b> Independent Expenditures ..... ▶ <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>                                                                                                                                                                                                                         |             |                                                                                                        |                                                                                                                                                                           |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. |             |                                                                                                        |                                                                                                                                                                           |  |
| Signature<br><u>Sunderland, Eric, , ,</u>                                                                                                                                                                                                                                                                                                                   |             |                                                                                                        | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                      |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 44 OF 48  
FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                        |                                                                                                                                                                          |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                        |                                                                                                                                                                          |  |
| Full Name of Payee<br>Scale to Win <input checked="" type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |  |
| Mailing Address    455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">436.70</div>                                                                        |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4524</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |  |
| Purpose of Expenditure<br>Texting - Estimate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |  |
| Name of Federal Candidate:<br>BUSH, CORI, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | Office Sought: <input checked="" type="checkbox"/> House    District: 01<br><input type="checkbox"/> President <input type="checkbox"/> Senate    State: MO              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10786.70</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |  |
| Full Name of Payee<br>Scale to Win <input checked="" type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |  |
| Mailing Address    455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">162.54</div>                                                                        |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4525</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |  |
| Purpose of Expenditure<br>Texting - Estimate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |  |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             |                                                                                                        | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">162.54</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |  |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> |             |                                                                                                        |                                                                                                                                                                          |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |             |                                                                                                        |                                                                                                                                                                          |  |
| Signature<br><u>Sunderland, Eric, , ,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                     |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 45 OF 48  
FOR LINE 24 OF FORM 3X

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                        | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>New report</b> Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |                                                                                                        |                                                                                                                                                                          |  |
| Full Name of Payee<br>Scale to Win <input checked="" type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |  |
| Mailing Address    455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">397.92</div>                                                                        |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4526</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |  |
| Purpose of Expenditure<br>Texting - Estimate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |  |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                        | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">560.46</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |  |
| Full Name of Payee<br>Scale to Win <input checked="" type="checkbox"/> Memo Item                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                                                                                                        | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                             |  |
| Mailing Address    455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                        | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">23.59</div>                                                                         |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | State<br>CA | Zip Code<br>94105                                                                                      | <b>Transaction ID : SE.4527</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div> |  |
| Purpose of Expenditure<br>Texting - Estimate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div> |                                                                                                                                                                          |  |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |             |                                                                                                        | Office Sought: <input type="checkbox"/> House    District: 00<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MI              |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">560.46</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                        | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶                             |  |
| <div style="display: flex; justify-content: space-between;"><div>(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>(c) TOTAL Independent Expenditures .....</div><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> |             |                                                                                                        |                                                                                                                                                                          |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.                                                                                                                                                                                                                                                                                                                                 |             |                                                                                                        |                                                                                                                                                                          |  |
| Signature <u>Sunderland, Eric, , ,</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                        | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">MM / DD / YYYY</div>                                                                     |  |

FEC Schedule E (Form 3X) Rev. 05/2016

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 47 OF 48  
FOR LINE 24 OF FORM 3X

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |             |                                                                                                                                         | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00881011</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                     |             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Full Name of Payee<br><small>Scale to Win</small><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><input checked="" type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                                         | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>                             |  |
| Mailing Address 455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                         | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">493.33</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State<br>CA | Zip Code<br>94105                                                                                                                       | <b>Transaction ID : SE.4531</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div> |  |
| Purpose of Expenditure<br>Texting - Estimate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                                                                                                         | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">31686.89</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                                                                                                         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| Full Name of Payee<br><small>Scale to Win</small><br><div style="border: 1px solid black; padding: 2px; display: inline-block;"><input checked="" type="checkbox"/> Memo Item</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |             |                                                                                                                                         | Date of Public Distribution/Dissemination<br><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div>                             |  |
| Mailing Address 455 Market St Ste 1940<br>PMB 546116                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |             |                                                                                                                                         | Amount<br><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">79.92</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| City<br>San Francisco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | State<br>CA | Zip Code<br>94105                                                                                                                       | <b>Transaction ID : SE.4532</b><br>Date of Disbursement or Obligation<br><div style="display: flex; justify-content: space-between; width: 200px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div> |  |
| Purpose of Expenditure<br>Texting - Estimate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |             | Category/<br>Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; text-align: center;">004</div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Name of Federal Candidate:<br>EL-SAYED, ABDUL, , ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                                                                                                         | Office Sought: <input type="checkbox"/> House District: _____<br><input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Calendar Year-To-Date<br>Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">31766.81</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             |                                                                                                                                         | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▶ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
| <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;">0.00</div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div></div></div> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures .....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: right;"></div></div></div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.<br><br><div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;"><u>Sunderland, Eric, , ,</u><br/>Signature</div><div style="width: 20%; text-align: center;">Date</div><div style="width: 40%; text-align: center;"><div style="display: flex; justify-content: space-between; width: 150px;"><div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">M</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">D</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">/</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div><div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">Y</div></div></div></div></div> |             |                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 48 OF 48  
 FOR LINE 24 OF FORM 3X

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NAME OF COMMITTEE (In Full)<br><b>UNITY &amp; JUSTICE FUND</b>                                                                                                                                                            | <b>FEC IDENTIFICATION NUMBER ▼</b><br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 5px;">C</span> <span>C00881011</span> </div> |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> Amends report filed on <span style="margin-left: 20px;">MM / DD / YYYY</span> |                                                                                                                                                                                                                          |

|                                                                                               |                                    |                                                                                                                                                                                                                                                                                                                                                                                                            |
|-----------------------------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>VoteShift Strategies                                                    | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">MM / DD / YYYY</span> <span>07 / 29 / 2026</span> </div>                                                                                                                                                                                |
| Mailing Address    PO Box 2282                                                                |                                    | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">MM / DD / YYYY</span> <span>0.00</span> </div> <b>Transaction ID : SE.4290</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">MM / DD / YYYY</span> </div> |
| City<br>Birmingham                                                                            | State<br>AL                        |                                                                                                                                                                                                                                                                                                                                                                                                            |
| Zip Code<br>35201                                                                             |                                    |                                                                                                                                                                                                                                                                                                                                                                                                            |
| Purpose of Expenditure<br>Radio Advertising - Estimate (FEC file wouldn't let me delete this) |                                    | Category/Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">MM / DD / YYYY</span> <span>004</span> </div>                                                                                                                                                                                                                          |
| Name of Federal Candidate:<br>BUSH, CORI, , ,                                                 |                                    | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                |
| Calendar Year-To-Date<br>Per Election for Office Sought                                       |                                    | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                                                                          |

|                                                         |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Full Name of Payee<br>VoteShift Strategies              | <input checked="" type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">MM / DD / YYYY</span> <span>07 / 29 / 2026</span> </div>                                                                                                                                                                                    |
| Mailing Address    PO Box 2282                          |                                               | Amount<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">MM / DD / YYYY</span> <span>10000.00</span> </div> <b>Transaction ID : SE.4523</b><br>Date of Disbursement or Obligation<br><div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">MM / DD / YYYY</span> </div> |
| City<br>Birmingham                                      | State<br>AL                                   |                                                                                                                                                                                                                                                                                                                                                                                                                |
| Zip Code<br>35201                                       |                                               |                                                                                                                                                                                                                                                                                                                                                                                                                |
| Purpose of Expenditure<br>Radio Advertising - Estimate  |                                               | Category/Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">MM / DD / YYYY</span> <span>004</span> </div>                                                                                                                                                                                                                              |
| Name of Federal Candidate:<br>BUSH, CORI, , ,           |                                               | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose                                                                                                                                                                                                                                                                                                                                    |
| Calendar Year-To-Date<br>Per Election for Office Sought |                                               | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br>2026 <input type="checkbox"/> Other (specify) ▶                                                                                                                                                                                                                                                              |

|                                                          |   |                                                                                                                                                                          |
|----------------------------------------------------------|---|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures .....  | ▶ | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">MM / DD / YYYY</span> <span>0.00</span> </div>     |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | ▶ | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">MM / DD / YYYY</span> </div>                       |
| (c) TOTAL Independent Expenditures .....                 | ▶ | <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="margin: 0 5px;">MM / DD / YYYY</span> <span>38287.50</span> </div> |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Sunderland, Eric, , ,  
 Signature

Date    

MM / DD / YYYY
08 / 25 / 2026