

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

1. (a) Name of Individual, Organization or Corporation STAND UP FOR OHIO (OHIO ORGANIZING CAMPAIGN)		
(b) Address (number and street) 25 E BOARDMAN		☐ check if different than previously reported
(c) City, State and ZIP Code YOUNGSTOWN OH 44504		3. FEC Identification Number C C90022476
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report

☐ July 15 Quarterly Report ☐ 24-Hour Report

☐ October 15 Quarterly Report ☒ 48-Hour Report

☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on / /

5. COVERING PERIOD: FROM / /

THROUGH / /

6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES

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 any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE _____

Harshman, Cathrine, , ,

Harshman, Cathrine, , ,

09/14/2026

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

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

**SCHEDULE 5-A
ITEMIZED RECEIPTS**

PAGE 2 OF 4

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 FILER (In Full)
STAND UP FOR OHIO (OHIO ORGANIZING CAMPAIGN)

A. Full Name (Last, First, Middle Initial) Ohio Organizing Campaign			Date of Receipt											
Mailing Address 25 E Broadman			<table><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y</td></tr><tr><td>09</td><td></td><td>15</td><td></td><td>2026</td></tr></table>		M M M	/	D D D	/	Y Y Y Y Y Y Y	09		15		2026
M M M	/	D D D	/	Y Y Y Y Y Y Y										
09		15		2026										
City Youngstown	State OH	Zip Code 44505	Transaction ID : F56.000001											
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 36200.00											
Name of Employer			Occupation											

B. Full Name (Last, First, Middle Initial)			Date of Receipt											
Mailing Address			<table><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>		M M M	/	D D D	/	Y Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y Y										
City	State	Zip Code	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee. C														
Name of Employer			Occupation											

C. Full Name (Last, First, Middle Initial)			Date of Receipt											
Mailing Address			<table><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>		M M M	/	D D D	/	Y Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y Y										
City	State	Zip Code	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee. C														
Name of Employer			Occupation											

D. Full Name (Last, First, Middle Initial)			Date of Receipt											
Mailing Address			<table><tr><td>M M M</td><td>/</td><td>D D D</td><td>/</td><td>Y Y Y Y Y Y Y</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>		M M M	/	D D D	/	Y Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y Y										
City	State	Zip Code	Amount of Each Receipt this Period											
FEC ID number of contributing federal political committee. C														
Name of Employer			Occupation											

SUBTOTAL of Receipts This Page (optional)	36200.00
TOTAL This Period (last page carry total to Line 6)	36200.00

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 3 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

STAND UP FOR OHIO (OHIO ORGANIZING CAMPAIGN)

Full Name (Last, First, Middle Initial) of Payee Field Forward Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2026	
Mailing Address P.O. Box 113		Amount 16800.00 Transaction ID : F57.000001	
City Youngstown	State OH	Zip Code 44501	
Purpose of Expenditure Estimated Vendor Cost: Staff and Overhead- Leaflet Ohio CD 10		Category/ Type 001	Office Sought: ☐ House State: OH ☒ Senate District: ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure: Brown, Sherrod, , ,		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 17550.00		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Field Forward Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2026	
Mailing Address P.O. Box 113		Amount 16800.00 Transaction ID : F57.000002	
City Youngstown	State OH	Zip Code 44501	
Purpose of Expenditure Estimated Vendor Cost: Staff and Overhead- Leaflet Ohio CD 10		Category/ Type 001	Office Sought: ☒ House State: OH ☐ Senate District: 10 ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure: Knickerbocker, Kristina, , ,		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 16905.00		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	
Full Name (Last, First, Middle Initial) of Payee Field Forward Ohio		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 15 / 2026	
Mailing Address P.O. Box 113		Amount 1300.00 Transaction ID : F57.000003	
City Youngstown	State OH	Zip Code 44501	
Purpose of Expenditure Estimated Vendor Cost: Leaflet Ohio CD 10		Category/ Type 006	Office Sought: ☐ House State: OH ☒ Senate District: ☐ President
Name of Federal Candidate Supported or Opposed by Expenditure: Brown, Sherrod, , ,		Check One: ☒ Support ☐ Oppose	
Calendar Year-To-Date Per Election for Office Sought 18850.00		Disbursement For: ☐ Primary ☒ General 2026 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	34900.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 4
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

STAND UP FOR OHIO (OHIO ORGANIZING CAMPAIGN)

Full Name (Last, First, Middle Initial) of Payee
Field Forward Ohio

Date of Public Distribution/Dissemination

MM / DD / YYYY
09 / 15 / 2026

Mailing Address P.O. Box 113

Amount

City State Zip Code
Youngstown OH 44501

1300.00

Transaction ID : F57.000004

Purpose of Expenditure
Estimated Vendor Cost: Leaflet Ohio CD 10Category/
Type 006Office Sought: ☒ House State: OH
☐ Senate District: 10
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
Knickerbocker, Kristina, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 18205.00Disbursement For: ☐ Primary ☒ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office SoughtDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 1300.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶ 36200.00
(carry total from last page forward to Line 7)