FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

REESIDE FOR CONGRESS

ADDRESS (number and street) 2403 HOLMES ST

☐ Check if different than previously reported. (ACC)

EDISTO ISLAND | SC | 29438-3408

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00927277

3. IS THIS REPORT ☐ NEW (N) **OR** ☒ AMENDED (A)

STATE ▼ DISTRICT SC

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- ☐ Primary (12P)
- ☐ General (12G)
- ☐ Runoff (12R)
- ☒ Convention (12C)
- ☐ Special (12S)

Election on M M 11 / D D 03 / Y Y Y Y 2026 in the State of SC

(c) 30-Day **POST**-Election Report for the:

- ☐ General (30G)
- ☐ Runoff (30R)
- ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M 01 / D D 01 / Y Y Y Y 2026 through M M 03 / D D 22 / Y Y Y Y 2026

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

Type or Print Name of Treasurer JOHNSTON, SARAH, , ,

Signature of Treasurer *JOHNSTON, SARAH, , ,* Date M M 04 / D D 06 / Y Y Y Y 2026

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

Office Use Only							

Image# 202604069857012876

SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

REESIDE FOR CONGRESS

Report Covering the Period: From: 01/01/2026 To: 03/22/2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	1080.51	5570.74
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1080.51	5570.74
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	11200.67	42923.27
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	11200.67	42923.27
8. Cash on Hand at Close of Reporting Period (from Line 27).....	68147.77	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	105500.00	

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

Image# 202604069857012877

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

REESIDE FOR CONGRESS

Report Covering the Period: From: 01/01/2026 To: 03/22/2026

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	770.51	4560.74
(ii) Unitemized	310.00	1010.00
(iii) TOTAL of contributions from individuals ▶	1080.51	5570.74
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	1080.51	5570.74
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	105500.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	105500.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.30
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	1080.51	111071.04

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3** (Revised 05/2016)

II. DISBURSEMENTS

	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	11200.67	42923.27
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	11200.67	42923.27

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	78267.93
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	1080.51
25. SUBTOTAL (add Line 23 and Line 24)	79348.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	11200.67
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	68147.77

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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

NAME OF COMMITTEE (In Full)
REESIDE FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
HART, STEVE, , ,
Mailing Address 10 BLUEBERRY LANE
City: DARIEN | State: CT | Zip Code: 06820-2509
FEC ID number of contributing federal political committee: C
Name of Employer: HART CAPITAL
Occupation: BUSINESS
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 250.00

Date of Receipt: 01 / 01 / 2026
Transaction ID : AD026A37C2E0D4E1EB99
Amount of Each Receipt this Period: 250.00
☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

B.
Full Name (Last, First, Middle Initial)
WINRED
Mailing Address 4250 FAIRFAX DR STE 600
City: ARLINGTON | State: VA | Zip Code: 22203-1665
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 4410.74

Date of Receipt: 01 / 01 / 2026
Transaction ID : A897455C46F284718BBE
Amount of Each Receipt this Period: 250.00
☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

C.
Full Name (Last, First, Middle Initial)
RENNER, ROBERT, , ,
Mailing Address 510 JUNGLE RD
City: EDISTO ISLAND | State: SC | Zip Code: 29438
FEC ID number of contributing federal political committee: C
Name of Employer: RETIRED
Occupation: RETIRED
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 520.51

Date of Receipt: 03 / 13 / 2026
Transaction ID : A101C242D1C7A401782E
Amount of Each Receipt this Period: 520.51
☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

SUBTOTAL of Receipts This Page (optional) ▶ 770.51

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

Image# 202604069857012880

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
REESIDE FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
WINRED
Mailing Address 4250 FAIRFAX DR
STE 600
City: ARLINGTON | State: VA | Zip Code: 22203-1665
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For: 2026
☒ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date: 4410.74

Date of Receipt: 03 / 13 / 2026
Transaction ID : A0230300A1C8F4D86B47
Amount of Each Receipt this Period: 520.51
☒ Memo Item
INTERMEDIARY
TOTAL EARMARKED THROUGH CONDUIT. PAC LIMIT NOT AFFECTED.

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
FEC ID number of contributing federal political committee: C
Name of Employer | Occupation
Receipt For:
☐ Primary ☐ General ☐ Other (specify)
Election Cycle-to-Date

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶ 770.51

Image# 202604069857012881

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
REESIDE FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
327 CONSULTING

Mailing Address PO BOX 183

City: HUDSON | State: WI | Zip Code: 54016-0183

Purpose of Disbursement: COMPLIANCE CONSULTING

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 03 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 555.00

Transaction ID : B3569A0770925487D9E5

☐ Memo Item

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

Mailing Address 7975 W BADURA AVE

City: LAS VEGAS | State: NV | Zip Code: 89113-2139

Purpose of Disbursement: CAMPAIGN CONSULTING

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 01 / 02 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 1000.00

Transaction ID : B057465017C0D4339811

☐ Memo Item

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

Mailing Address 4150 CARMICHAEL CT

City: MONTGOMERY | State: AL | Zip Code: 36106-2871

Purpose of Disbursement: CAMPAIGN CONSULTING

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2026
☒ Primary ☐ General ☐ Other (specify)

Date of Disbursement: 02 / 11 / 2026

FEC Identification Number: C

Amount of Each Disbursement this Period: 6145.67

Transaction ID : B03DB063EB2FB40A785F

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7700.67

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

Image# 202604069857012882

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)
REESIDE FOR CONGRESS

A.
Full Name (Last, First, Middle Initial)
RIGHT STRATEGIES
Mailing Address PO BOX 142
City: GRINNELL | State: IA | Zip Code: 50112-0142
Purpose of Disbursement: CAMPAIGN CONSULTING
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 01 / 23 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 1736.53
Transaction ID : BE5BA1049CE244A7C9A3
☐ Memo Item

B.
Full Name (Last, First, Middle Initial)
RIGHT STRATEGIES
Mailing Address PO BOX 142
City: GRINNELL | State: IA | Zip Code: 50112-0142
Purpose of Disbursement: CAMPAIGN CONSULTING
Category/Type: 001
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2026 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 03 / 20 / 2026
FEC Identification Number: C
Amount of Each Disbursement this Period: 1567.80
Transaction ID : B5BDCAF572032463DB3A
☐ Memo Item

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City | State | Zip Code
Purpose of Disbursement
Category/Type
Candidate Name
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3304.33

TOTAL This Period (last page this line number only) ▶ 11005.00

Image# 202604069857012883

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
REESIDE FOR CONGRESS

Transaction ID : C209D09E6CF0B4FA390E

LOAN SOURCE Full Name (Last, First, Middle Initial)
REESIDE, WILLIAM, , ,

☐ Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
2403 HOLMES STREET

City	State	ZIP Code
EDISTO ISLAND	SC	29438-3408

[X] Personal Funds of the Candidate

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

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
08/25/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶ 1000.00

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

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

Image# 202604069857012884

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
REESIDE FOR CONGRESS

Transaction ID : CF9984A0858AB4A879B2

LOAN SOURCE Full Name (Last, First, Middle Initial)
REESIDE, WILLIAM, , ,

☐ Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
2403 HOLMES STREET

City	State	ZIP Code
EDISTO ISLAND	SC	29438-3408

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
19500.00	0.00	19500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
11/05/2025	NONE	0.00 % (apr)	☐ Yes ☒ No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	19500.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202604069857012885

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
REESIDE FOR CONGRESS

Transaction ID : CCE93A04F834448C2994

LOAN SOURCE Full Name (Last, First, Middle Initial)
REESIDE, WILLIAM, , ,

- [ ] Memo Item

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address
2403 HOLMES STREET

City	State	ZIP Code
EDISTO ISLAND	SC	29438-3408

- [X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred (M M / D D / Y Y Y Y)	Date Due (M M / D D / Y Y Y Y)	Interest Rate (If none, enter 0)	Secured:
09 / 20 / 2025	NONE	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	10000.00
TOTALS This Period (last page in this line only) ▶	

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

Image# 202604069857012886

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one) [X] 13a [ ] 13b

NAME OF COMMITTEE (In Full)
REESIDE FOR CONGRESS

Transaction ID : C53C404E98B314444B7C

LOAN SOURCE Full Name (Last, First, Middle Initial)
REESIDE, WILLIAM, , ,

[ ] Memo Item

Election: 2026
[X] Primary
[ ] General
[ ] Other (specify) ▼

Mailing Address
2403 HOLMES STREET

City: EDISTO ISLAND | State: SC | ZIP Code: 29438-3408

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
75000.00	0.00	75000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
12/12/2025	NONE	0.00 % (apr)	[ ] Yes [X] No

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

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

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

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

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

SUBTOTALS This Period This Page (optional) ▶	75000.00
TOTALS This Period (last page in this line only) ▶	105500.00

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