

**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

DALE STRONG FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 18502

Check if different
than previously
reported. (ACC)

HUNTSVILLE

AL

35804

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C

C00774281

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

AL

05

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
07 / 01 / 2025

through

M M / D D / Y Y Y Y
09 / 30 / 2025*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

MCDANIEL, BEN, , ,

Signature of Treasurer

MCDANIEL, BEN, , ,

Date

M M / D D / Y Y Y Y
10 / 14 / 2025

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

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

DALE STRONG FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	166902.99	743473.60
(b) Total Contribution Refunds (from Line 20(d))	4500.00	15200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	162402.99	728273.60
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	77698.39	296201.02
(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))	77698.39	296201.02
8. Cash on Hand at Close of Reporting Period (from Line 27)	1090026.15	
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)	240000.00	

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

DALE STRONG FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2025

To:

MM / DD / YYYY
09 / 30 / 2025**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).....**

87500.00

415859.18

(ii) Unitemized

1402.99

5814.42

**(iii) TOTAL of contributions
from individuals**

88902.99

421673.60

(b) Political Party Committees.....

0.00

0.00

**(c) Other Political Committees
(such as PACs)**

78000.00

321800.00

(d) The Candidate

0.00

0.00

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

166902.99

743473.60

**12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES**

0.00

0.00

13. LOANS:**(a) Made or Guaranteed by the
Candidate.....**

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

0.00

0.00

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

166902.99

743473.60

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.....	77698.39	296201.02
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	500.00	11200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	4000.00	4000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	4500.00	15200.00
21. OTHER DISBURSEMENTS	8450.00	16550.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	90648.39	327951.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1013771.55
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	166902.99
25. SUBTOTAL (add Line 23 and Line 24).....	1180674.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	90648.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1090026.15

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

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

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

NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

AKRIDGE, DANIEL, , ,

A.

Mailing Address 4308 HORACE DR NW

City

HUNTSVILLE

State

AL

Zip Code

35816-3518

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUMMIT 7 SYSTEMS

Occupation

DIRECTOR OF SALES

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	4		2	0	5	

Transaction ID : SA11A.21689

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ALMODOVAR, ANGEL, R., ,

B.

Mailing Address 1 BELLAVISTA RD

City

HUNTSVILLE

State

AL

Zip Code

35811-2643

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTUITIVE RESEARCH

Occupation

EXECUTIVE

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	5	

Transaction ID : SA11A.21694

Amount of Each Receipt this Period

3000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ANDERSON, DAVID, R., ,

C.

Mailing Address 2501 WOODHURST DR. SE

City

HUNTSVILLE

State

AL

Zip Code

35803-7900

FEC ID number of contributing
federal political committee.

C

Name of Employer

INVARIANT CORPORATION

Occupation

EXECUTIVE

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	5	

Transaction ID : SA11A.21703

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

5500.00

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

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

ARNETTE, STEPHEN, , ,

A.

Mailing Address 6459 SIMMONS ACRES LN

City

LASCASSAS

State

TN

Zip Code

37085-3000

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMENTUMOccupation
ENGINEER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	2	5

Transaction ID : SA11A.21771

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BAILEY, WILLIAM, , , III

B.

Mailing Address 201 EVALYN STREET

City

MADISON

State

AL

Zip Code

35758-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
MINERVA DEFENSEOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	5

Transaction ID : SA11A.21701

Amount of Each Receipt this Period

800.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARBERA, MICHAEL, , ,

C.

Mailing Address 8705 WINTHROP DR

City

ALEXANDRIA

State

VA

Zip Code

22308-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACG ADVOCACYOccupation
LOBBYIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11A.22806

Amount of Each Receipt this Period

1000.00

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

2800.00

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

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

BARNES, GREG, , ,

A.

Mailing Address 206 TREETOP DRIVE NE

City

HUNTSVILLE

State

AL

Zip Code

35801-1988

FEC ID number of contributing
federal political committee.

C

Name of Employer

BMSS

Occupation

EXECUTIVE

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	5

Transaction ID : SA11A.21734

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARTLETT, RANAE, , ,

B.

Mailing Address 112 SOUTHERN POINTE DR

City

MADISON

State

AL

Zip Code

35758-3028

FEC ID number of contributing
federal political committee.

C

Name of Employer

US CHESS FEDERATION

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	2	5

Transaction ID : SA11A.21740

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BARTON, JOE, , ,

C.

Mailing Address 3915 BALTIMORE ST

City

KENSINGTON

State

MD

Zip Code

20895-3907

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE GOVERNMENT AFFAIRS

Occupation

LOBBYIST

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

Transaction ID : SA11A.22776

Amount of Each Receipt this Period

500.00

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

2000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

BATCHELOR, JASON, , ,

A. Mailing Address 236 KNOTTING PLACECity
MADISONState
ALZip Code
35758-4612FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMIT 7 SYSTEMSOccupation
CIO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 14 2025

Transaction ID : SA11A.21753

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BIER, DAVID, , ,

B. Mailing Address 100 KILBURN CIRCLECity
MADISONState
ALZip Code
35758-4211FEC ID number of contributing
federal political committee.

C

Name of Employer
FRAZIER & DEETEROccupation
MANAGEMENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 14 2025

Transaction ID : SA11A.21758

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BOYD, STEPHEN, E., ,

C. Mailing Address 2115 SHIVER DRIVECity
ALEXANDRIAState
VAZip Code
22307-1635FEC ID number of contributing
federal political committee.

C

Name of Employer
HORIZONS GLOBAL SOLUTIONSOccupation
PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 31 2025

Transaction ID : SA11A.21705

Amount of Each Receipt this Period

500.00

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

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

BRAUN, JOHN, , ,

A.

Mailing Address 6319 WATERWAY DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22044-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
DYNAMIS, INC.Occupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	8		2	0	2	5

Transaction ID : SA11A.21724

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

SEE REDESIGNATION

B.

Full Name (Last, First, Middle Initial)

BRAUN, JOHN, , ,

Mailing Address 6319 WATERWAY DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22044-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
DYNAMIS, INC.Occupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

Transaction ID : SA11A.21725

Amount of Each Receipt this Period

- 800.00

☒ Memo Item
CONTRIBUTION

REDESIGNATION TO GENERAL

C.

Full Name (Last, First, Middle Initial)

BRAUN, JOHN, , ,

Mailing Address 6319 WATERWAY DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22044-1317

FEC ID number of contributing
federal political committee.

C

Name of Employer
DYNAMIS, INC.Occupation
CEO

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

Transaction ID : SA11A.21726

Amount of Each Receipt this Period

800.00

☒ Memo Item
CONTRIBUTION

REDESIGNATION FROM PRIMARY

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

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

CAMPBELL, CAITLIN, , ,

A.

Mailing Address 7204 AVONWOOD LANE SE

City

OWENS CROSS ROADS

State

AL

Zip Code

35763-8100

FEC ID number of contributing
federal political committee.

C

Name of Employer
JPMORGANCHASEOccupation
BANKER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

Transaction ID : SA11A.21756

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHENAULT, DAVID, , ,

B.

Mailing Address 828 BAYLOR DRIVE SE

City

HUNTSVILLE

State

AL

Zip Code

35802-1979

FEC ID number of contributing
federal political committee.

C

Name of Employer
POLARIS SENSORSOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	5

Transaction ID : SA11A.21693

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CHENAULT, DAVID, , ,

C.

Mailing Address 828 BAYLOR DRIVE SE

City

HUNTSVILLE

State

AL

Zip Code

35802-1979

FEC ID number of contributing
federal political committee.

C

Name of Employer
POLARIS SENSORSOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11A.22798

Amount of Each Receipt this Period

500.00

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

2000.00

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

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

CORRIGAN, JOSEPH, W., ,

A.

Mailing Address 6490 LAKE MEADOW DRIVE

City
BURKEState
VAZip Code
22015-3930FEC ID number of contributing
federal political committee.

C

Name of Employer
STEPTOE & JOHNSON LLPOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 30 2025

Transaction ID : SA11A.22819

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

CRAMER, ROBERT, , , JR.

B.Mailing Address 3542 NEW HAMPSHIRE AVE NW
UNIT 2City
WASHINGTONState
DCZip Code
20010-1512FEC ID number of contributing
federal political committee.

C

Name of Employer
535 GROUPOccupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 30 2025

Transaction ID : SA11A.22803

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

DINOTO, JOSEPH, S., , PH.D.

C.

Mailing Address 232 HAROLD MURPHY DRIVE

City
MADISONState
ALZip Code
35756-3150FEC ID number of contributing
federal political committee.

C

Name of Employer
OBSIDIAN CORPORATIONOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 30 2025

Transaction ID : SA11A.22802

Amount of Each Receipt this Period

1000.00

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

5000.00

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

EANES, MICHELLE, , ,

A.

Mailing Address 426 COLONIAL RIDGE LN

City
ARNOLDState
MDZip Code
21012-2333FEC ID number of contributing
federal political committee.

C

Name of Employer
ICEBREAKER STRATEGIESOccupation
VP OF GOVERNMENT RELATIONS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 17 2025

Transaction ID : SA11A.22773

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

EDWARDS, AMY, , ,

B.

Mailing Address 114 GRAND COVE PLACE

City
MADISONState
ALZip Code
35758-3034FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMIT 7Occupation
BUSINESS OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 18 2025

Transaction ID : SA11A.21732

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ELBON, JOHN, , ,

C.

Mailing Address 3000 ELK CANYON CIR

City
SEDALIAState
COZip Code
80135-8568FEC ID number of contributing
federal political committee.

C

Name of Employer
UNITED LAUNCH ALLIANCEOccupation
COO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 29 2025

Transaction ID : SA11A.22804

Amount of Each Receipt this Period

1000.00

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

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

FERIA, TONY, , ,

A.

Mailing Address 25801 HUNTSVILLE BROWNSFERRY RD

City

MADISON

State

AL

Zip Code

35756-3607

FEC ID number of contributing
federal political committee.

C

Name of Employer

FERIA PAINTING INC.

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 13 2025

Transaction ID : SA11A.21741

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

FINCH, BRIAN, , ,

B.

Mailing Address 101 BRAILSFORD RD

City

DANIEL ISLAND

State

SC

Zip Code

29492-7313

FEC ID number of contributing
federal political committee.

C

Name of Employer

PILLSBURY WINTHROP LLP

Occupation

ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 26 2025

Transaction ID : SA11A.22796

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GANS, JON, , ,

C.

Mailing Address 2236 SANDFIDDLER RD

City

VIRGINIA BEACH

State

VA

Zip Code

23456-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer

POLARIS CONSULTING

Occupation

PARTNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 21 2025

Transaction ID : SA11A.21687

Amount of Each Receipt this Period

1000.00

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

3000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

GANS, JON, , ,

A.

Mailing Address 2236 SANDFIDDLER RD

City

VIRGINIA BEACH

State

VA

Zip Code

23456-4614

FEC ID number of contributing
federal political committee.

C

Name of Employer

POLARIS CONSULTING

Occupation

PARTNER

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

Transaction ID : SA11A.22797

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GIBBS, PAUL, , ,

B.

Mailing Address 100 CHESTNUT RIDGE DR.

City

HUNTSVILLE

State

AL

Zip Code

35806-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAVELINK INC.

Occupation

VICE PRESIDENT

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	5

Transaction ID : SA11A.21729

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GIBBS, TAMELA, , ,

C.

Mailing Address 100 CHESTNUT RIDGE DR.

City

HUNTSVILLE

State

AL

Zip Code

35806-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer

WAVELINK, INC.

Occupation

PRESIDENT / CEO

Receipt For: 2026

☒

Primary

☐

General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	5

Transaction ID : SA11A.21730

Amount of Each Receipt this Period

400.00

☐ Memo Item
CONTRIBUTION

SEE REDESIGNATION

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

5400.00

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

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

GIBBS, TAMELA, , ,

A. Mailing Address 100 CHESTNUT RIDGE DR.City
HUNTSVILLEState
ALZip Code
35806-4104FEC ID number of contributing
federal political committee.

C

Name of Employer
WAVELINK, INC.Occupation
PRESIDENT / CEO

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 18 2025

Transaction ID : SA11A.21749

Amount of Each Receipt this Period

400.00

☒ Memo Item
CONTRIBUTION

REDESIGNATION FROM PRIMARY

Full Name (Last, First, Middle Initial)

GIBBS, TAMELA, , ,

B. Mailing Address 100 CHESTNUT RIDGE DR.City
HUNTSVILLEState
ALZip Code
35806-4104FEC ID number of contributing
federal political committee.

C

Name of Employer
WAVELINK, INC.Occupation
PRESIDENT / CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 18 2025

Transaction ID : SA11A.21749B

Amount of Each Receipt this Period

- 400.00

☒ Memo Item
CONTRIBUTION

REDESIGNATION TO GENERAL

Full Name (Last, First, Middle Initial)

GLENN, HARRY, , ,

C. Mailing Address 1540 GULF BOULEVARD
404City
CLEARWATER BEACHState
FLZip Code
33767-2960FEC ID number of contributing
federal political committee.

C

Name of Employer
VAN SCOYOC ASSOCIATESOccupation
VICE PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 26 2025

Transaction ID : SA11A.22795

Amount of Each Receipt this Period

1000.00

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

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

GREEN, JEFF, , ,

A. Mailing Address 10704 ALLOOWAY DRCity
POTOMACState
MDZip Code
20854-1601FEC ID number of contributing
federal political committee.

C

Name of Employer
J.A. GREEN & CO.Occupation
LOBBYIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 13 / 2025

Transaction ID : SA11A.21742

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HERSHMAN, BRANDT, , ,

B. Mailing Address 6142 MADERIA LANECity
LAFAYETTEState
INZip Code
47905-8259FEC ID number of contributing
federal political committee.

C

Name of Employer
BARNES AND THORNBURGOccupation
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 08 / 2025

Transaction ID : SA11A.21723

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HOLLAND, JOSEPH, , ,

C. Mailing Address 3036 AUGUSTA TRACE SECity
HAMPTON COVEState
ALZip Code
35763-9382FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTE SANO RESEARCHOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 31 / 2025

Transaction ID : SA11A.21691

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

1750.00

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

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

HOLLY, JOSH, , ,

A.

Mailing Address 825 SOUTH MONROE STREET

City
ARLINGTONState
VAZip Code
22204-1537FEC ID number of contributing
federal political committee.

C

Name of Employer
HOLLY STRATEGIES INCORPORATEDOccupation
GOVERNMENT AND PUBLIC RELATIONS

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 30 2025

Transaction ID : SA11A.22807

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HUBLER, MIKE, , ,

B.

Mailing Address 102 OAKHURST DR

City
MADISONState
ALZip Code
35758-8191FEC ID number of contributing
federal political committee.

C

Name of Employer
TEKTONUXOccupation
CXO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 24 2025

Transaction ID : SA11A.22788

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

JOHNSON, JACKIE, , ,

C.

Mailing Address 140 SHILOH CREEK DRIVE

City
MADISONState
ALZip Code
35758-4303FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 11 2025

Transaction ID : SA11A.21727

Amount of Each Receipt this Period

1000.00

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

2500.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

PAGE 18 OF 76

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

LAMB, NEIL, , ,

A. Mailing Address 124 MATTIE COURTCity
MADISONState
ALZip Code
35756-4168FEC ID number of contributing
federal political committee.

C

Name of Employer
HUDSON ALPHA INSTITUTEOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	5

Transaction ID : SA11A.21702

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LASSETER, DAVID, F., ,

B. Mailing Address 2003 ALEXANDER DR. SECity
HUNTSVILLEState
ALZip Code
35801-1661FEC ID number of contributing
federal political committee.

C

Name of Employer
HORIZONS GLOBAL SOLUTIONSOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	5

Transaction ID : SA11A.21706

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LASTRAPES, TY, , ,

C. Mailing Address 10018 SHADOW WOOD DR SECity
HUNTSVILLEState
ALZip Code
35803-3204FEC ID number of contributing
federal political committee.

C

Name of Employer
AVILUTIONOccupation
GENERAL MANAGER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	2	5

Transaction ID : SA11A.22789

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►

2250.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

LAZARSKI, ANTHONY, , ,

A.

Mailing Address 3376 WILTON CREST CT

City

ALEXANDRIA

State

VA

Zip Code

22310-2354

FEC ID number of contributing
federal political committee.

C

Name of Employer

CORNERSTONE GOVERNMENT AFFAIRS

Occupation

PRINCIPAL

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 13 / 2025

Transaction ID : SA11A.22771

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEVIS, DANIEL, , ,

B.

Mailing Address 146 RAINBOW GLEN CIRCLE

City

MADISON

State

AL

Zip Code

35758-9513

FEC ID number of contributing
federal political committee.

C

Name of Employer

INVARIANT CORPORATION

Occupation

EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2025

Transaction ID : SA11A.21692

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LINDQUIST, ROBERT, , ,

C.

Mailing Address 109 BRICKSTONE PLACE

City

MADISON

State

AL

Zip Code

35756-3497

FEC ID number of contributing
federal political committee.

C

Name of Employer

THE UNIVERSITY OF ALABAMA IN HUNTSVIL

Occupation

VP FOR RESEARCH

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2025

Transaction ID : SA11A.22792

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

1750.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

LOMBARDO, VINCENT, , ,

A.

Mailing Address 2708 MOUNT ROYAL CIR

City

MOUNTAIN BRK

State

AL

Zip Code

35216-1016

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUMMIT 7 SYSTEMSOccupation
CFO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

Transaction ID : SA11A.21754

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MABRY, TY, , ,

B.

Mailing Address 5802 SEVENTH ST NW

City

WASHINGTON

State

DC

Zip Code

20011-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
CR FEDERAL, LLC.Occupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	2	5

Transaction ID : SA11A.22775

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MCLENDON, H FULLER, , , JR.

C.

Mailing Address 1401 MONTERREY DRIVE SE

City

HUNTSVILLE

State

AL

Zip Code

35801-2061

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIAD PROPERTIESOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	2	5

Transaction ID : SA11A.21704

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

MECKES, DONOVAN, , ,

A.

Mailing Address 3403 ALURA LN

City

CARSON CITY

State

NV

Zip Code

89705-7011

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN FOLGER CONTRACTING

Occupation

CONSTRUCTION

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 01 / 2025

01

2025

Transaction ID : SA11A.21678

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

MURRY, HENRY, , ,

B.

Mailing Address 7614 HONESTY WAY

City

BETHESDA

State

MD

Zip Code

20817-5520

FEC ID number of contributing
federal political committee.

C

Name of Employer

C3 AI

Occupation

GOVERNMENT RELATIONS

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2025

16

2025

Transaction ID : SA11A.21685

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NELSON, SUSAN, , ,

C.

Mailing Address 4523 N PEGRAM ST

City

ALEXANDRIA

State

VA

Zip Code

22304-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

BUSINESS DEVELOPMENT

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 27 / 2025

27

2025

Transaction ID : SA11A.21763

Amount of Each Receipt this Period

500.00

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

2000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

OZMEN, FAITH, , ,

A.

Mailing Address 444 SALOMEN CIRCLE

City
SPARKSState
NVZip Code
89434-9651FEC ID number of contributing
federal political committee.

C

Name of Employer
SIERRA NEVADAOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 25 2025

Transaction ID : SA11A.22778

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PARKER, MAURICE, , ,

B.Mailing Address 4835 UNIVERSITY SQ
SUITE 15City
HUNTSVILLEState
ALZip Code
35816-1845FEC ID number of contributing
federal political committee.

C

Name of Employer
RADIAL SOLUTIONS INCOccupation
PRESIDENT / CO-OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 14 2025

Transaction ID : SA11A.21755

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PETROFF, RALPH, G., ,

C.

Mailing Address 5510 PANORAMA DR. SE

City
HUNTSVILLEState
ALZip Code
35801-1136FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 31 2025

Transaction ID : SA11A.21699

Amount of Each Receipt this Period

1500.00

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

6000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

POLLOCK, BRIAN, , ,

A. Mailing Address 5833 CRINER ROADCity
HUNTSVILLEState
ALZip Code
35802-1909FEC ID number of contributing
federal political committee.

C

Name of Employer
KALIOS GENETICSOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		31		2025

Transaction ID : SA11A.21698

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PRICE, LEWIS, , ,

B. Mailing Address 315 WHITE ST SECity
HUNTSVILLEState
ALZip Code
35801-4165FEC ID number of contributing
federal political committee.

C

Name of Employer
PEARCE CONSTRUCTION CO., INC.Occupation
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
08		14		2025

Transaction ID : SA11A.21752

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PRIEST, ROY, , ,

C. Mailing Address 5715 MACON DR.City
HUNTSVILLEState
ALZip Code
35802-1860FEC ID number of contributing
federal political committee.

C

Name of Employer
MARATHONOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		31		2025

Transaction ID : SA11A.21696

Amount of Each Receipt this Period

3300.00

☐ Memo Item
CONTRIBUTION

SEE REDESIGNATION

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

4800.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

PRIEST, ROY, , ,

A.

Mailing Address 5715 MACON DR.

City

HUNTSVILLE

State

AL

Zip Code

35802-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARATHONOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		31		2025

Transaction ID : SA11A.21712

Amount of Each Receipt this Period

- 3100.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION TO GENERAL

B.

Full Name (Last, First, Middle Initial)

PRIEST, ROY, , ,

Mailing Address 5715 MACON DR.

City

HUNTSVILLE

State

AL

Zip Code

35802-1860

FEC ID number of contributing
federal political committee.

C

Name of Employer
MARATHONOccupation
EXECUTIVE

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		31		2025

Transaction ID : SA11A.21713

Amount of Each Receipt this Period

3100.00

☒ Memo Item

CONTRIBUTION

REDESIGNATION FROM PRIMARY

C.

Full Name (Last, First, Middle Initial)

RALEIGH, RICHARD, , , JR.

Mailing Address 427 CLINTON AVE E

City

HUNTSVILLE

State

AL

Zip Code

35801-4133

FEC ID number of contributing
federal political committee.

C

Name of Employer
WOMBLE BOND DICKENSONOccupation
ATTORNEY

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y Y Y
07		31		2025

Transaction ID : SA11A.21700

Amount of Each Receipt this Period

1000.00

☐ Memo Item

CONTRIBUTION

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

1000.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

RILEY, RANDY, , ,

A. Mailing Address 719 HOLMES AVE NE

City

HUNTSVILLE

State

AL

Zip Code

35801-3629

FEC ID number of contributing
federal political committee.

C

Name of Employer

ARCARITHM

Occupation

OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 24 / 2025

Transaction ID : SA11A.22787

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ROESCH, MICHAEL, , ,

B. Mailing Address 110 SUMMER WIND CIRCLE

City

MADISON

State

AL

Zip Code

35758-8000

FEC ID number of contributing
federal political committee.

C

Name of Employer

T2S SOLUTIONS

Occupation

EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2025

Transaction ID : SA11A.21766

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SALVOSA, DON, , ,

C. Mailing Address 1629 K STREET NW
#300

City

WASHINGTON

State

DC

Zip Code

20006-1631

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF-EMPLOYED

Occupation

CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2025

Transaction ID : SA11A.22805

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

4250.00

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

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCHMITZ, MATTHEW, , ,

A. Mailing Address 317 WESTBURG DR.

City

HUNTSVILLE

State

AL

Zip Code

35801-3344

FEC ID number of contributing
federal political committee.

C

Name of Employer

MARTINFEDERAL CONSULTING

Occupation

CHIEF GROWTH OFFICER

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	2	5

Transaction ID : SA11A.21764

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SCHUMACHER, DANIEL, , ,

B. Mailing Address 112 WINDY WAY

City

MADISON

State

AL

Zip Code

35758-3033

FEC ID number of contributing
federal political committee.

C

Name of Employer

KODA TECHNOLOGIES

Occupation

EXECUTIVE

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	5

Transaction ID : SA11A.21736

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

SIMMONS, ASHLEE, , ,

C. Mailing Address 107 WINDING BROOK LN

City

HUNTSVILLE

State

AL

Zip Code

35811-8575

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUMMIT 7 SYSTEMS

Occupation

VP OF PMO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	2	5

Transaction ID : SA11A.21757

Amount of Each Receipt this Period

500.00

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

2500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

SMITH, TIM, , ,

A. Mailing Address 27428 CARL DRIVECity
HARVESTState
ALZip Code
35749-7528FEC ID number of contributing
federal political committee.

C

Name of Employer
VULISTAOccupation
EXECUTIVE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 04 2025

Transaction ID : SA11A.21708

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

REFUNDED \$400.00 ON 08/04/2025

Full Name (Last, First, Middle Initial)

SPENCER, MARK, , ,

B. Mailing Address 103 SHORELINE DRCity
MADISONState
ALZip Code
35758-9405FEC ID number of contributing
federal political committee.

C

Name of Employer
AVILUTION, LLCOccupation
FOUNDER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 26 2025

Transaction ID : SA11A.22786

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

STOUGH, JOHN, , ,

C. Mailing Address 185 SHADY RIDGE RDCity
SOMERVILLEState
ALZip Code
35670-3834FEC ID number of contributing
federal political committee.

C

Name of Employer
6TH DIMENSIONOccupation
CEO

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 24 2025

Transaction ID : SA11A.22790

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

5000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

TAYLOR, TONY, , ,

A. Mailing Address 1415 CLINTON AVE E

City

HUNTSVILLE

State

AL

Zip Code

35801-1931

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEKFIVE

Occupation

CEO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 25 2025

Transaction ID : SA11A.22794

Amount of Each Receipt this Period

500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

TROY, LYNN, , ,

B. Mailing Address 4608 LEGACY PRESERVE

City

BIRMINGHAM

State

AL

Zip Code

35741-

FEC ID number of contributing
federal political committee.

C

Name of Employer

TROY 7, INC.

Occupation

CEO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 18 2025

Transaction ID : SA11A.21733

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

TUCKER, CHRISTINA, , ,

C. Mailing Address 111 BELLE RIDGE DR.

City

MADISON

State

AL

Zip Code

35758-7875

FEC ID number of contributing
federal political committee.

C

Name of Employer

PINNACLE SOLUTIONS INC.

Occupation

CEO

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 18 2025

Transaction ID : SA11A.21735

Amount of Each Receipt this Period

1000.00

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

2500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

TUCKER, TINA, , ,

A. Mailing Address 111 BELLE RIDGE DRCity
MADISONState
ALZip Code
35758-7875FEC ID number of contributing
federal political committee.

C

Name of Employer
PINNACLE SOLUTIONS AN AKIMA COMPANYOccupation
PRESIDENT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 18 2025

Transaction ID : SA11A.22774

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

USSERY, JEREMY, , ,

B. Mailing Address 17913 SIMMS RDCity
ODESSAState
FLZip Code
33556-4758FEC ID number of contributing
federal political committee.

C

Name of Employer
CORRIGAN & USSERY LLCOccupation
LOBBYIST

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 09 2025

Transaction ID : SA11A.21770

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WALTER, JEFFERY M, , ,

C. Mailing Address P.O. BOX 7061City
ALEXANDRIAState
VAZip Code
22307-0061FEC ID number of contributing
federal political committee.

C

Name of Employer
CAPITOL COUNSELOccupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 21 2025

Transaction ID : SA11A.21688

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

4000.00

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

SCHEDULE A (FEC Form 3)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

WALTER, JEFFERY M, , ,

A. Mailing Address P.O. BOX 7061

City

ALEXANDRIA

State

VA

Zip Code

22307-0061

FEC ID number of contributing
federal political committee.

C

Name of Employer
CAPITOL COUNSELOccupation
CONSULTANT

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 14 2025

Transaction ID : SA11A.21751

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WEST, CAMERON, , ,

B. Mailing Address 12893 HUDBUG DR

City

MADISON

State

AL

Zip Code

35756-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRIGHTHAVEN FINANCIAL ADVISORS, LLCOccupation
FINANCIAL ADVISOR

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 25 2025

Transaction ID : SA11A.22793

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

WOODALL, PHILIP, , ,

C. Mailing Address 164 NAUGHER RD

City

HUNTSVILLE

State

AL

Zip Code

35811-9060

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE LIBRARY OFOccupation
FOUNDER AND CO-OWNER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 13 2025

Transaction ID : SA11A.21743

Amount of Each Receipt this Period

1000.00

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

3500.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

PORCH BAND OF CREEK INDIANS

A.

Mailing Address 5811 JACK SPRINGS ROAD

City
ATMORE

State
AL

Zip Code
36502-5025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 25 2025

Transaction ID : SA11A.22777

Amount of Each Receipt this Period

3500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

RACHEL BROWN HOMES LLC

B.

Mailing Address 7595 HIGHWAY 72 WEST

City
MADISON

State
AL

Zip Code
35758-8749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2025

Transaction ID : SA11A.21731

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW; SEE REDESIGNATION

Full Name (Last, First, Middle Initial)

RACHEL BROWN HOMES LLC

C.

Mailing Address 7595 HIGHWAY 72 WEST

City
MADISON

State
AL

Zip Code
35758-8749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2025

Transaction ID : SA11A.21744

Amount of Each Receipt this Period

- 1500.00

☒ Memo Item
CONTRIBUTION

SEE ATTRIBUTION BELOW; REDESIGNATION TO
GENERAL

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

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

8500.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

BROWN, RACHEL, , ,

A.

Mailing Address 7595 HWY 72 WEST

City

MADISON

State

AL

Zip Code

35758-8749

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

HOME BUILDER

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2025

Transaction ID : SA11A.21747

Amount of Each Receipt this Period

3500.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name (Last, First, Middle Initial)

RACHEL BROWN HOMES LLC

B.

Mailing Address 7595 HIGHWAY 72 WEST

City

MADISON

State

AL

Zip Code

35758-8749

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2025

Transaction ID : SA11A.21745

Amount of Each Receipt this Period

1500.00

☒ Memo Item

CONTRIBUTION

SEE ATTRIBUTION BELOW; REDESIGNATION
FROM PRIMARY

Full Name (Last, First, Middle Initial)

BROWN, RACHEL, , ,

C.

Mailing Address 7595 HWY 72 WEST

City

MADISON

State

AL

Zip Code

35758-8749

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

HOME BUILDER

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2025

Transaction ID : SA11A.21748

Amount of Each Receipt this Period

1500.00

☒ Memo Item

CONTRIBUTION

PARTNERSHIP ATTRIBUTION

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

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

0.00

87500.00

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

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

SCALISE FOR CONGRESS

A.

Mailing Address PO BOX 23219

City

JEFFERSON

State

LA

Zip Code

70183-0219

FEC ID number of contributing
federal political committee.

C C00394957

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 20 2025

Transaction ID : SA11C.21760

Amount of Each Receipt this Period

2000.00

☐ Memo Item
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

AEROVIRONMENT INC PAC

Mailing Address 241 18TH STREET SOUTH
SUITE 650

City

ARLINGTON

State

VA

Zip Code

22202-3414

FEC ID number of contributing
federal political committee.

C C00797530

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 04 2025

Transaction ID : SA11C.21716

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

AFLAC POLITICAL ACTION COMMITTEE (AFLAC PAC)

Mailing Address 1932 WYNNTON ROAD

City

COLUMBUS

State

GA

Zip Code

31999-0001

FEC ID number of contributing
federal political committee.

C C00034157

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 30 2025

Transaction ID : SA11C.22820

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

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

8000.00

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

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

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

FOR LINE NUMBER:
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☐ 11a ☐ 11b ☒ 11c ☐ 11d
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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMAZON PAC

A.

Mailing Address 601 NEW JERSEY AVE NW

STE 900

City

WASHINGTON

State

DC

Zip Code

20001-2027

FEC ID number of contributing
federal political committee.

C C00360354

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2025

Transaction ID : SA11C.22811

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMENTUM HOLDINGS, INC. PAC

B.

Mailing Address 300 M ST SE

SUITE 880

City

WASHINGTON

State

DC

Zip Code

20003-3638

FEC ID number of contributing
federal political committee.

C C00731414

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 25 2025

Transaction ID : SA11C.22782

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN BUSINESS ASSOCIATION POLITICAL ACTION COMMITTEE BUS

C.

Mailing Address 111 K STREET NE

9TH FLOOR

City

WASHINGTON

State

DC

Zip Code

20002-8110

FEC ID number of contributing
federal political committee.

C C00004879

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2025

Transaction ID : SA11C.22821

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

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

8500.00

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

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

Use separate schedule(s)
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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

AMERICAN COUNCIL OF ENGINEERING COMPANIES ACEC PAC

A.

Mailing Address 1400 L STREET NW
STE 400

City

WASHINGTON

State

DC

Zip Code

20005-3592

FEC ID number of contributing
federal political committee.

C C00010868

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 25 2025

Transaction ID : SA11C.22779

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

AMERICAN HOTEL AND LODGING ASSOCIATION PAC

B.

Mailing Address 1250 I STREET NW
#1100

City

WASHINGTON

State

DC

Zip Code

20005-5904

FEC ID number of contributing
federal political committee.

C C00001198

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2025

Transaction ID : SA11C.22812

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

ARENTFOX SCHIFF CIVIC PARTICIPATION FUND

C.

Mailing Address 1717 K STREET NW

City

WASHINGTON

State

DC

Zip Code

20006-5343

FEC ID number of contributing
federal political committee.

C C00241380

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 11 2025

Transaction ID : SA11C.21769

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

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

5000.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

BAE SYSTEMS INC US POLITICAL ACTION COMMITTEE**A.**

Mailing Address 2941 FAIRVIEW PARK DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22042-4522

FEC ID number of contributing
federal political committee.**C** C00281212

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	2		2	0	5	

Transaction ID : SA11C.21686

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BAE SYSTEMS INC US POLITICAL ACTION COMMITTEE**B.**

Mailing Address 2941 FAIRVIEW PARK DRIVE

City

FALLS CHURCH

State

VA

Zip Code

22042-4522

FEC ID number of contributing
federal political committee.**C** C00281212

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	1		2	0	5	

Transaction ID : SA11C.21711

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

BOOZ ALLEN HAMILTON INC. PAC**C.**Mailing Address 901 15TH STREET, NW
SUITE 400

City

WASHINGTON

State

DC

Zip Code

20005-2327

FEC ID number of contributing
federal political committee.**C** C00709816

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	5	

Transaction ID : SA11C.21717

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

3000.00

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

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

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(check only one)

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

CUBIC CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

Mailing Address 9233 BALBOA AVE.

M/S 10-2

City

SAN DIEGO

State

CA

Zip Code

92123-1513

FEC ID number of contributing
federal political committee.

C C00151787

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 25 2025

Transaction ID : SA11C.22780

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

EYE OF THE TIGER PAC

Mailing Address P.O. BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219-1891

FEC ID number of contributing
federal political committee.

C C00467431

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 20 2025

Transaction ID : SA11C.21759

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE

Mailing Address 11011 SUNSET HILLS ROAD

City

RESTON

State

VA

Zip Code

20190-5311

FEC ID number of contributing
federal political committee.

C C00078451

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 25 2025

Transaction ID : SA11C.22785

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

8500.00

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

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

HGS POLITICAL ACTION COMMITTEE**A.**Mailing Address 500 CHURCH ST SW
STE 200

City

HUNTSVILLE

State

AL

Zip Code

35801-

FEC ID number of contributing
federal political committee.**C** C00857664

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 31 2025

Transaction ID : SA11C.21707

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HOLLAND & KNIGHT COMMITTEE FOR EFFECTIVE GOVERNMENT**B.**Mailing Address 800 17TH STREET, NW
SUITE 1100

City

WASHINGTON

State

DC

Zip Code

20006-3962

FEC ID number of contributing
federal political committee.**C** C00171330

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 11 2025

Transaction ID : SA11C.21768

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**C.**Mailing Address 101 CONSTITUTION AVE NW
SUITE 500 W

City

WASHINGTON

State

DC

Zip Code

20001-2133

FEC ID number of contributing
federal political committee.**C** C00096156

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

6500.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 30 2025

Transaction ID : SA11C.22801

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

3000.00

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

INDEPENDENT COMMUNITY BANKERS OF AMERICA PAC

A.

Mailing Address 1100 NEW YORK AVENUE, NW
SUITE 500 EAST

City
WASHINGTON

State
DC

Zip Code
20005-3934

FEC ID number of contributing
federal political committee.

C C00032698

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 16 2025

Transaction ID : SA11C.22772

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

KELLEY DRYE & WARREN POLITICAL ACTION COMMITTEE

B.

Mailing Address 3050 K STREET NW
SUITE 400

City
WASHINGTON

State
DC

Zip Code
20007-5100

FEC ID number of contributing
federal political committee.

C C00301929

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2025

Transaction ID : SA11C.22818

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

LEIDOS INC POLITICAL ACTION COMMITTEE

C.

Mailing Address 101 CONSTITUTION AVE NW
STE 650W

City
WASHINGTON

State
DC

Zip Code
20001-2147

FEC ID number of contributing
federal political committee.

C C00546234

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2025

Transaction ID : SA11C.22810

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

4500.00

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

LEO TECH PAC

A.

Mailing Address 1515 S CAPITAL OF TEXAS HWY

City
AUSTINState
TXZip Code
78746-6579FEC ID number of contributing
federal political committee.**C** C00900142

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11C.22808

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

REFUNDED \$1,500.00 ON 09/30/2025

B.

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN EMPLOYEES POLITICAL ACTION COMMITTEE

Mailing Address 2121 CRYSTAL DRIVE
SUITE 100City
ARLINGTONState
VAZip Code
22202-3706FEC ID number of contributing
federal political committee.**C** C00303024

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

Transaction ID : SA11C.22800

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION**C.**

Full Name (Last, First, Middle Initial)

MTSI LEADERS FOR ENDURING SOLUTIONS

Mailing Address 5285 SHAWNEE ROAD

City
ALEXANDRIAState
VAZip Code
22312-2328FEC ID number of contributing
federal political committee.**C** C00760843

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	2	5

Transaction ID : SA11C.22781

Amount of Each Receipt this Period

5000.00

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

11000.00

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

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

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

NATIONAL CHICKEN COUNCIL PAC**A.**Mailing Address 1152 15TH ST NW
STE 430City
WASHINGTONState
DCZip Code
20005-1790FEC ID number of contributing
federal political committee.**C** C00034272

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2025**Transaction ID : SA11C.22809**

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

NUCOR CORPORATION POLITICAL ACTION COMMITTEE**B.**

Mailing Address 1915 REXFORD ROAD

City
CHARLOTTEState
NCZip Code
28211-3465FEC ID number of contributing
federal political committee.**C** C00379628

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 16 2025**Transaction ID : SA11C.22770**

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

PEANUT BUYING POINTS PAC**C.**

Mailing Address 148 RIDGE AVE SOUTH

City
TIFTONState
GAZip Code
31794-4735FEC ID number of contributing
federal political committee.**C** C00374298

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 04 2025**Transaction ID : SA11C.21714**

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)
SCITECH PAC

A. Mailing Address P.O. BOX 2314

City
PRINCETON

State
NJ

Zip Code
08543-2314

FEC ID number of contributing
federal political committee.

C C00859017

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 04 2025

Transaction ID : SA11C.21715

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
SCITECH PAC

B. Mailing Address P.O. BOX 2314

City
PRINCETON

State
NJ

Zip Code
08543-2314

FEC ID number of contributing
federal political committee.

C C00859017

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 25 2025

Transaction ID : SA11C.22783

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES CO. PAC

C. Mailing Address P.O. BOX 36611

City
DALLAS

State
TX

Zip Code
75235-1611

FEC ID number of contributing
federal political committee.

C C00341602

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 25 2025

Transaction ID : SA11C.22784

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

3500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

SYNOVUS FINANCIAL CORP FUND FOR EFFECTIVE LEADERSHIP

A.

Mailing Address P.O. BOX 120

City
COLUMBUS

State
GA

Zip Code
31902-0120

FEC ID number of contributing
federal political committee.

C C00032607

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 18 2025

Transaction ID : SA11C.21728

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

TEXTRON INC. POLITICAL ACTION COMMITTEE

B.

Mailing Address 40 WESTMINSTER ST

City
PROVIDENCE

State
RI

Zip Code
02903-2525

FEC ID number of contributing
federal political committee.

C C00123612

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 30 2025

Transaction ID : SA11C.22799

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE BOEING COMPANY POLITICAL ACTION COMMITTEE

C.

Mailing Address 929 LONG BRIDGE DRIVE

City
ARLINGTON

State
VA

Zip Code
22202-4208

FEC ID number of contributing
federal political committee.

C C00142711

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

8000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 08 2025

Transaction ID : SA11C.21718

Amount of Each Receipt this Period

1000.00

☐ Memo Item
CONTRIBUTION

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 76

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

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

THE GUIDEHOUSE INC. POLITICAL ACTION COMMITTEE (GUIDEHOUSE PAC)

A.

Mailing Address 1676 INTERNATIONAL DRIVE

SUITE 800

City

MCLEAN

State

VA

Zip Code

22102-3600

FEC ID number of contributing
federal political committee.

C C00740605

Name of Employer

Occupation

Receipt For: 2026



☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 19 2025

Transaction ID : SA11C.21761

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

THE GUIDEHOUSE INC. POLITICAL ACTION COMMITTEE (GUIDEHOUSE PAC)

B.

Mailing Address 1676 INTERNATIONAL DRIVE

SUITE 800

City

MCLEAN

State

VA

Zip Code

22102-3600

FEC ID number of contributing
federal political committee.

C C00740605

Name of Employer

Occupation

Receipt For: 2026



☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 20 2025

Transaction ID : SA11C.21762

Amount of Each Receipt this Period

5000.00

☐ Memo Item
CONTRIBUTION

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

☐ Memo Item

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

10000.00

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

78000.00

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

PAGE 45 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. PRESNALL, BRAD, , ,

Mailing Address 153 FAYE DRIVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		15		2025

City
DECATURState
ALZip Code
35803

FEC Identification Number

C

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.I7787

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

B. PRESNALL, BRAD, , ,

Mailing Address 153 FAYE DRIVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		13		2025

City
DECATURState
ALZip Code
35803

FEC Identification Number

C

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.I7788

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

C. PRESNALL, BRAD, , ,

Mailing Address 153 FAYE DRIVE SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		12		2025

City
DECATURState
ALZip Code
35803

FEC Identification Number

C

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.I7789

☐ Memo Item

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:

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

10500.00

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STRONG, LAURA, , ,

Mailing Address 247 SPANO RD

City
MADISONState
ALZip Code
35757Purpose of Disbursement
TRAVEL

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	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

337.93

Transaction ID : SB17.I7772

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL

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	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

337.93

Transaction ID : SB17.I7847

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. STRONG, LAURA, , ,

Mailing Address 247 SPANO RD

City
MADISONState
ALZip Code
35757Purpose of Disbursement
TRAVEL

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	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

166.53

Transaction ID : SB17.I7773

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

504.46

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. UBERMailing Address 1455 MARKET ST
STE 400City
SAN FRANCISCOState
CAZip Code
94103Purpose of Disbursement
TRAVEL

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	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

166.53

Transaction ID : SB17.I7846

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. ALABAMA FEDERATION OF REPUBLICAN WOMEN

Mailing Address 1310 WIND RIVER CIRCLE

City
HUNTSVILLEState
ALZip Code
35802Purpose of Disbursement
REGISTRATION FEE / FOOD / BEVERAGE

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	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.I7843

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ALABAMA PRINT AND MAIL

Mailing Address P.O. BOX 481

City
DECATURState
ALZip Code
35602Purpose of Disbursement
PRINTING

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	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1011.27

Transaction ID : SB17.I7785

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

2011.27

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ALABAMA REPUBLICAN PARTY

Mailing Address 35216 LORNA ROAD

City
HOOVERState
ALZip Code
35216Purpose of Disbursement
FOOD / BEVERAGE / REGISTRATION FEE

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	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.I7786

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	7		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17.I7806

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	7		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.30

Transaction ID : SB17.I7807

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

2541.60

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	7		2	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

21.60

Transaction ID : SB17.I7808

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	7		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

80.60

Transaction ID : SB17.I7809

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17.I7810

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

122.50

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

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

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

66.20

Transaction ID : SB17.I7811

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.30

Transaction ID : SB17.I7812

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	8		1	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

141.20

Transaction ID : SB17.I7813

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

247.70

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

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

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

306.70

Transaction ID : SB17.I7814

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	8		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17.I7815

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1.30

Transaction ID : SB17.I7816

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

328.30

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	12	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

120.60

Transaction ID : SB17.I7817

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	17	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

20.30

Transaction ID : SB17.I7818

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	D D	Y Y Y Y
09	19	2025

FEC Identification Number

C

Amount of Each Disbursement this Period

40.60

Transaction ID : SB17.I7819

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

181.50

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

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

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	9		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

60.60

Transaction ID : SB17.I7821

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

281.50

Transaction ID : SB17.I7822

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ANEDOTMailing Address 1340 POYDRAS ST
STE 1770City
NEW ORLEANSState
LAZip Code
70112Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

323.00

Transaction ID : SB17.I7823

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

665.10

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

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

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<input checked="checked" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
CREDIT CARD PAYMENT

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	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

215.38

Transaction ID : SB17.I7774

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD / BEVERAGE

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	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

124.39

Transaction ID : SB17.I7848

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
CREDIT CARD PAYMENT

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	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

780.97

Transaction ID : SB17.I7775

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

996.35

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

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

PAGE 55 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR

City
FORT WORTHState
TXZip Code
75261Purpose of Disbursement
TRAVEL

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	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

780.97

Transaction ID : SB17.I7850

☒ Memo Item**B. CARD SERVICES CENTER**

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
CREDIT CARD PAYMENT

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	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2619.67

Transaction ID : SB17.I7776

☐ Memo Item**C. AMERICAN AIRLINES**

Mailing Address 1 SKYVIEW DR

City
FORT WORTHState
TXZip Code
75261Purpose of Disbursement
TRAVEL

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	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1055.95

Transaction ID : SB17.I7852

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

2619.67

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD / BEVERAGE / MEMBERSHIP FEE

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 / D D / Y Y Y Y
08 / 05 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1563.72

Transaction ID : SB17.I7851

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
CREDIT CARD PAYMENT

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 / D D / Y Y Y Y
08 / 12 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1075.02

Transaction ID : SB17.I7777

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD / BEVERAGE

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 / D D / Y Y Y Y
08 / 12 / 2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1075.02

Transaction ID : SB17.I7853

☒ Memo Item

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

1075.02

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
CREDIT CARD PAYMENT

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.00

Transaction ID : SB17.I7778

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REPUBLICAN CONGRESSIONAL SPOUSES CLUB

Mailing Address 300 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD / BEVERAGE

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

40.00

Transaction ID : SB17.I7854

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
CREDIT CARD PAYMENT (ALL ITEMS BELOW ITEMIZATION
THRESHOLD)

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

91.85

Transaction ID : SB17.I7779

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

131.85

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

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

PAGE 58 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
CREDIT CARD PAYMENT

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

925.14

Transaction ID : SB17.I7780

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR

City
FORT WORTHState
TXZip Code
75261Purpose of Disbursement
TRAVEL

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

815.96

Transaction ID : SB17.I7856

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD / BEVERAGE

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

109.18

Transaction ID : SB17.I7857

☒ Memo Item

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

925.14

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

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

PAGE 59 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
CREDIT CARD PAYMENT

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	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

436.39

Transaction ID : SB17.I7781

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TRASH PANDAS

Mailing Address 500 TRASH PANDA WAY

City
MADISONState
ALZip Code
35758Purpose of Disbursement
FOOD / BEVERAGE

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	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

436.39

Transaction ID : SB17.I7858

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
CREDIT CARD PAYMENT

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	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

439.85

Transaction ID : SB17.I7782

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

876.24

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

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

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. STONEY RIVER STEAKHOUSE

Mailing Address 563 JOHN HENRY WAY

City
MADISONState
ALZip Code
35757Purpose of Disbursement
FOOD / BEVERAGE

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	/	D	D	/	Y	Y	Y	Y
0	9		1	6		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

439.85

Transaction ID : SB17.I7859

☒ Memo Item

Full Name (Last, First, Middle Initial)

B. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
CREDIT CARD PAYMENT

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	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

966.90

Transaction ID : SB17.I7783

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 1 SKYVIEW DR

City
FORT WORTHState
TXZip Code
75261Purpose of Disbursement
FOOD / BEVERAGE

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	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

409.97

Transaction ID : SB17.I7860

☒ Memo Item

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

966.90

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

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

PAGE 61 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD / BEVERAGE

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	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

82.40

Transaction ID : SB17.I7862

☒ Memo Item**B. MULLINS SPECIAL OCCASONS**

Mailing Address 1021 MERIDIAN ST N

City
HUNTSVILLEState
ALZip Code
35801Purpose of Disbursement
EQUIPMENT RENTAL

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	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

374.53

Transaction ID : SB17.I7861

☒ Memo Item**C. REPUBLICAN CONGRESSIONAL SPOUSES CLUB**

Mailing Address 300 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD / BEVERAGE

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	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.I7863

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

0.00

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

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

PAGE 62 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
CREDIT CARD PAYMENT

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

744.61

Transaction ID : SB17.I7784

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BUBBA S SILVER SPOON CATERINGMailing Address 2620 CLINTON AVE
SUITE ACity
HUNTSVILLEState
ALZip Code
35805Purpose of Disbursement
CATERING

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

662.21

Transaction ID : SB17.I7864

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. CAPITOL HILL CLUB

Mailing Address 300 1ST STREET SE

City
WASHINGTONState
DCZip Code
20003Purpose of Disbursement
FOOD / BEVERAGE

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

82.40

Transaction ID : SB17.I7865

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

744.61

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

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

PAGE 63 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CARD SERVICES CENTER

Mailing Address P.O. BOX 71205

City
CHARLOTTEState
NCZip Code
71205Purpose of Disbursement
SPONSORSHIP

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

295.28

Transaction ID : SB21.I7845

☐ Memo Item**B. PARTNERSHIP FOR A DRUG FREE COMMUNITY**

Mailing Address P.O. BOX 2603

City
HUNTSVILLEState
ALZip Code
35804Purpose of Disbursement
SPONSORSHIP

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

295.28

Transaction ID : SB17.I7866

☒ Memo Item**C. CMDI**Mailing Address 1595 SPRING HILL RD
SUITE 500City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.I7790

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

1295.28

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

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

PAGE 64 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CMDIMailing Address 1595 SPRING HILL RD
SUITE 500City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

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	/	D	D	/	Y	Y	Y	Y
0	8		2	5		2	0	2	5

FEC Identification Number

C									
---	--	--	--	--	--	--	--	--	--

Amount of Each Disbursement this Period

										1000.00
--	--	--	--	--	--	--	--	--	--	---------

Transaction ID : SB17.I7791

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CMDIMailing Address 1595 SPRING HILL RD
SUITE 500City
TYSONS CORNERState
VAZip Code
22182Purpose of Disbursement
DATABASE MANAGEMENT

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	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	2	5

FEC Identification Number

C									
---	--	--	--	--	--	--	--	--	--

Amount of Each Disbursement this Period

										1000.00
--	--	--	--	--	--	--	--	--	--	---------

Transaction ID : SB17.I7792

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DR

City
MOUNTAIN BROOKState
ALZip Code
35223Purpose of Disbursement
COMPLIANCE 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	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

FEC Identification Number

C									
---	--	--	--	--	--	--	--	--	--

Amount of Each Disbursement this Period

										6110.00
--	--	--	--	--	--	--	--	--	--	---------

Transaction ID : SB17.I7793

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

										8110.00
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TOTAL This Period (last page this line number only).....▶

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

PAGE 65 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		29		2025

City
MOUNTAIN BROOKState
ALZip Code
35223

FEC Identification Number

C

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7167.50

Transaction ID : SB17.I7794

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

B. CROSBY OTTENHOFF GROUP

Mailing Address 421 OFFICE PARK DR

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2025

City
MOUNTAIN BROOKState
ALZip Code
35223

FEC Identification Number

C

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

6214.25

Transaction ID : SB17.I7795

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

C. FIRST NATIONAL BANK

Mailing Address ONE NORTH SHORE CENTER

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		22		2025

City
PITTSBURGHState
PAZip Code
15212-1521

FEC Identification Number

C

Purpose of Disbursement
BANK FEE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

18.50

Transaction ID : SB17.I7828

☐ Memo Item

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:

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

13400.25

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

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

PAGE 66 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FIRST NATIONAL BANK

Mailing Address ONE NORTH SHORE CENTER

City
PITTSBURGHState
PAZip Code
15212-1521Purpose of Disbursement
BANK FEE

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	/	D	D	/	Y	Y	Y	Y
0	8		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

18.50

Transaction ID : SB17.I7829

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FIRST NATIONAL BANK

Mailing Address ONE NORTH SHORE CENTER

City
PITTSBURGHState
PAZip Code
15212-1521Purpose of Disbursement
BANK FEE

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	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

18.50

Transaction ID : SB17.I7830

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FUNDRAISING, INC.Mailing Address 800 W 47TH ST
SUITE 200City
KANSAS CITYState
MOZip Code
64112Purpose of Disbursement
DELIVERY SERVICE

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	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

3267.02

Transaction ID : SB17.I7797

☐ Memo Item

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

3304.02

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

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

PAGE 67 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. FUNDRAISING, INC.Mailing Address 800 W 47TH ST
SUITE 200City
KANSAS CITYState
MOZip Code
64112Purpose of Disbursement
FOOD / BEVERAGE

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	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

15515.48

Transaction ID : SB17.I7801

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HUNTER GRAPHICS

Mailing Address 200 CANDLENUT COURT

City
HARVESTState
ALZip Code
35749Purpose of Disbursement
GRAPHIC DESIGN FEE

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	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I7803

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. HUNTER GRAPHICS

Mailing Address 200 CANDLENUT COURT

City
HARVESTState
ALZip Code
35749Purpose of Disbursement
GRAPHIC DESIGN FEE

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	/	D	D	/	Y	Y	Y	Y
0	8		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

250.00

Transaction ID : SB17.I7804

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

16015.48

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

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

PAGE 68 OF 76

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MAIN STREET STRATEGIES

Mailing Address P.O. BOX 2032

City
HUNTSVILLEState
ALZip Code
35802Purpose of Disbursement
POLITICAL STRATEGY 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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

10000.00

Transaction ID : SB17.I7805

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. THE CONGRESSIONAL CLUB MUSEUM & FOUNDATIO

Mailing Address 2001 NEW HAMPSHIRE AVE NW

City
WASHINGTONState
DCZip Code
20009Purpose of Disbursement
FOOD / BEVERAGE

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:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

95.00

Transaction ID : SB17.I7831

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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:

Category/
Type

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).....▶

10095.00

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

77658.24

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

PAGE 69 OF 76

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. SMITH, TIM, , ,

Mailing Address 27428 CARL DR

City
HARVESTState
ALZip Code
35749Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

400.00

Transaction ID : SB20A.I7840

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GOODSTOCK LLC

Mailing Address 210 OAKWOOD AVE NW

City
HUNTSVILLEState
ALZip Code
35811Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

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

Disbursement For: 2026

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

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

100.00

Transaction ID : SB20A.I7839

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

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

500.00

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

500.00

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

PAGE 70 OF 76

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KRATOS DEFENSE AND SECURITY SOLUTIONS PACMailing Address 800 MAIN AVE SW
7TH FLOORCity
WASHINGTONState
DCZip Code
20024Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

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

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB20C.I7841

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. LEO TECH PAC

Mailing Address 1515 S CAPITAL TX HWY

City
AUSTINState
TXZip Code
78746Purpose of Disbursement
CONTRIBUTION REFUND

Candidate Name

Office Sought:

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

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

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1500.00

Transaction ID : SB20C.I7842

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

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

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

State: District:

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).....▶

4000.00

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

4000.00

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

PAGE 71 OF 76

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ELECTGABEEVANS.COM

Mailing Address P.O. BOX 350608

City
WESTMINSTERState
COZip Code
80035Purpose of Disbursement
CONTRIBUTION

Candidate Name

EVANS, TIMOTHY, GABRIEL JOSEPH, ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: CO

District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	2	5

FEC Identification Number

C C00849844

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB18.I7832

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. IOWANS FOR ZACH NUNN

Mailing Address P.O. BOX 8036

City
DES MOINESState
IAZip Code
50301Purpose of Disbursement
CONTRIBUTION

Candidate Name

HOUSE, ZACH, NUNN, ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA

District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	2	5

FEC Identification Number

C C00784389

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB18.I7833

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. JERRY CARL FOR CONGRESS

Mailing Address P.O. BOX 852138

City
MOBILEState
ALZip Code
36685Purpose of Disbursement
CONTRIBUTION

Candidate Name

CARL, JERRY, LEE, , JR

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: AL

District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	9		2	0	2	5

FEC Identification Number

C C00697789

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB18.I7834

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

4000.00

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

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

PAGE 72 OF 76

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. KEAN FOR CONGRESS INC.

Mailing Address P.O. BOX 999

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2025

City
EDISONState
NJZip Code
08818

FEC Identification Number

C C00703058Purpose of Disbursement
CONTRIBUTIONCandidate Name
KEAN, THOMAS, H., JRCategory/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB18.I7835

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Full Name (Last, First, Middle Initial)

B. KIGGANS FOR CONGRESS

Mailing Address P.O. BOX 5042

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2025

City
VIRGINIA BEACHState
VAZip Code
23471

FEC Identification Number

C C00776120Purpose of Disbursement
CONTRIBUTIONCandidate Name
KIGGANS, JENNIFER, ,Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB18.I7836

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 02

Full Name (Last, First, Middle Initial)

C. MACKENZIE FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 747

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		19		2025

City
EMMAUSState
PAZip Code
18049

FEC Identification Number

C C00846501Purpose of Disbursement
CONTRIBUTIONCandidate Name
MACKENZIE, RYAN, EDWARD, ,Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB18.I7837

☐ Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 07

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

3000.00

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

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

PAGE 73 OF 76

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DALE STRONG FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MARCH OF DIMES

Mailing Address P.O. BOX 673667

City
MARIETTAState
GAZip Code
30006Purpose of Disbursement
DISGORGED CONTRIBUTION

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

450.00

Transaction ID : SB21.I7844

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. TOM BARRETT FOR CONGRESS

Mailing Address P.O. BOX 156221

City
LANSINGState
MIZip Code
48901Purpose of Disbursement
CONTRIBUTION

Candidate Name

BARRETT, THOMAS, MORE, ,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State: MI

District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	2	5

FEC Identification Number

C C00793976

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB18.I7838

☐ 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

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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).....▶

1450.00

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

8450.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 74 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L021121

DALE STRONG FOR CONGRESS

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. BOX 18502

City

HUNTSVILLE

State

AL

ZIP Code

35804

☒ Personal Funds of the Candidate

Original Amount of Loan

40000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

40000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
02 11 / 2021M M / D D / Y Y Y Y
NONEM M / D D / Y Y Y Y
NONEM M / D D / Y Y Y Y
NONE

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

40000.00

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

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

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

PAGE 75 OF 76

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

NAME OF COMMITTEE (In Full)

Transaction ID : L021122

DALE STRONG FOR CONGRESS

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

Election: 2022

☒ Primary☐ General☐ Other (specify) ▼

Mailing Address

P.O. BOX 18502

City

HUNTSVILLE

State

AL

ZIP Code

35804

☒ Personal Funds of the Candidate

Original Amount of Loan

150000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

150000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
04 / 26 / 2022M M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /

0.00 % (apr)

☐ Yes ☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional).....▶

150000.00

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

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

SCHEDULE C (FEC Form 3)
LOANS

PAGE 76 OF 76

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : L021123

DALE STRONG FOR CONGRESS

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

☐ Memo Item

STRONG, DALE, WHITNEY, ,

Election: 2022

☐ Primary☒ General☐ Other (specify) ▼

Mailing Address

P.O. BOX 18502

City

HUNTSVILLE

State

AL

ZIP Code

35804

☒ Personal Funds of the Candidate

Original Amount of Loan

50000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

50000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 / 24 / 2022M M / D D / Y Y Y Y
/ / NONEM M / D D / Y Y Y Y
/ /M M / D D / Y Y Y Y
/ /

0.00

% (apr)

☐ Yes☒ No

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

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

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

50000.00

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

240000.00

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