

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- |                                      |                                      |                                       |                                                                |
|--------------------------------------|--------------------------------------|---------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |                                           |                                        |                                       |
|-------------------------------------------|----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on  /  /  in the State of

- (d) 30-Day POST-Election Report for the:
- |                                        |                                       |                                        |
|----------------------------------------|---------------------------------------|----------------------------------------|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|----------------------------------------|---------------------------------------|----------------------------------------|

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Signature of Treasurer  Date  /  /

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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

People Over Monopolies

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2025"/>		<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="13289.85"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="58650.00"/>	<input type="text" value="305968.02"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="71939.85"/>	<input type="text" value="305968.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="23447.56"/>	<input type="text" value="257475.73"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="48492.29"/>	<input type="text" value="48492.29"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

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

## DETAILED SUMMARY PAGE of Receipts

Write or Type Committee Name

**People Over Monopolies**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2025 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2025

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	10000.00
(ii) Unitemized .....	150.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	150.00	10150.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	150.00	10150.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	23568.02
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	3500.00	3500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	55000.00	268750.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	58650.00	305968.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	58650.00	305968.02

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	38.18	38.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	38.18	38.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	11500.00
24. Independent Expenditures (use Schedule E) .....	0.00	198871.69
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	18909.38	47065.86
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	23447.56	257475.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23447.56	257475.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	150.00	10150.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	150.00	10150.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	38.18	38.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	23568.02
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	38.18	- 23529.84

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

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

FOR LINE NUMBER: PAGE 6 OF 13  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

NAME OF COMMITTEE (In Full)  
**People Over Monopolies**

**A. IRENE SHIN FOR CONGRESS**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 5501  
 City Herndon State VA Zip Code 20172-1993  
 FEC ID number of contributing federal political committee. **C** C00907022  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 09 / 2025  
**Transaction ID : 5534238**  
 Amount of Each Receipt this Period  
 3500.00  
 Memo Item  
 Refund of Contribution Made to the 2025 Special General

**B.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

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

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  
 Primary  General  
 Other (specify)  
 Aggregate Year-to-Date ▼

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**People Over Monopolies**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ding, Renee, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2025
Mailing Address 3415 Washington Blvd Apt 628			<b>Transaction ID : 5534073</b>
City Arlington	State VA	Zip Code 22201-4572	Amount of Each Receipt this Period 5000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Lily For Delegate		Occupation (for Individual) Political Director	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Ding, Renee, , ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 15 / 2025
Mailing Address 3415 Washington Blvd Apt 628			<b>Transaction ID : 6362625</b>
City Arlington	State VA	Zip Code 22201-4572	Amount of Each Receipt this Period 50000.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Lily For Delegate		Occupation (for Individual) Political Director	Non-Contribution Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260000.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual)		Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	55000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	55000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**People Over Monopolies**

Full Name (Last, First, Middle Initial) <b>A. John Cavanaugh For Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2025
Mailing Address 6035 Binney St		FEC Identification Number C00907246 <b>Transaction ID : 500059421</b>
City Omaha	State NE	Zip Code 68104-3467
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Cavanaugh, John, , ,		
Office Sought: <input checked="" 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: NE	District: 02	Amount of Each Disbursement this Period 500.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B. Reed Showalter For Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2025
Mailing Address PO Box 1056		FEC Identification Number C00919837 <b>Transaction ID : 500059420</b>
City Oak Park	State IL	Zip Code 60304-0056
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Showalter, Reed, , ,		
Office Sought: <input checked="" 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: IL	District: 07	Amount of Each Disbursement this Period 3500.00
		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Robert Peters For Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 29 / 2025
Mailing Address PO Box 15118		FEC Identification Number C00905075 <b>Transaction ID : 500059425</b>
City Chicago	State IL	Zip Code 60615-5139
Purpose of Disbursement Contribution		Category/ Type
Candidate Name Peters, Robert, , ,		
Office Sought: <input checked="" 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: IL	District: 02	Amount of Each Disbursement this Period 500.00
		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**People Over Monopolies**

Full Name (Last, First, Middle Initial)

### A. Capitol Compliance Associates

Mailing Address 600 Pennsylvania Ave SE  
Unit 15180

City  
Washington

State  
DC

Zip Code  
20003-7508

Purpose of Disbursement

Non-Contribution Account: Compliance Services

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

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

FEC Identification Number

C [REDACTED]

**Transaction ID : 500044943**

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. Capitol Compliance Associates

Mailing Address 600 Pennsylvania Ave SE  
Unit 15180

City  
Washington

State  
DC

Zip Code  
20003-7508

Purpose of Disbursement

Non-Contribution Account: Compliance Services

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10	/	17	/	2025

FEC Identification Number

C [REDACTED]

**Transaction ID : 500044944**

Amount of Each Disbursement this Period

[REDACTED] 2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Capitol Compliance Associates

Mailing Address 600 Pennsylvania Ave SE  
Unit 15180

City  
Washington

State  
DC

Zip Code  
20003-7508

Purpose of Disbursement

Non-Contribution Account: Compliance Services

Candidate Name

Office Sought:

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

Disbursement For:

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

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	16	/	2025

FEC Identification Number

C [REDACTED]

**Transaction ID : 500059427**

Amount of Each Disbursement this Period

[REDACTED] 5000.00

Memo Item

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

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

[REDACTED] 12500.00

[REDACTED]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**People Over Monopolies**

Full Name (Last, First, Middle Initial)

### A. Intuit

Mailing Address 2700 Coast Ave

City  
Mountain View

State  
CA

Zip Code  
94043-1140

Purpose of Disbursement

Non-Contribution Account: Software

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	5		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : 500011350**

Amount of Each Disbursement this Period

[ ] 6.89

Memo Item

Full Name (Last, First, Middle Initial)

### B. Intuit

Mailing Address 2700 Coast Ave

City  
Mountain View

State  
CA

Zip Code  
94043-1140

Purpose of Disbursement

Non-Contribution Account: Software

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 [ ]

**Transaction ID : 500044938**

Amount of Each Disbursement this Period

[ ] 6.89

Memo Item

Full Name (Last, First, Middle Initial)

### C. Intuit

Mailing Address 2700 Coast Ave

City  
Mountain View

State  
CA

Zip Code  
94043-1140

Purpose of Disbursement

Non-Contribution Account: Software

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	4		2	0	2	5

FEC Identification Number

C [ ]

**Transaction ID : 500044939**

Amount of Each Disbursement this Period

[ ] 68.90

Memo Item

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

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

[ ] 82.68

[ ]



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**People Over Monopolies**

Full Name (Last, First, Middle Initial)

**A. NGP VAN**

Mailing Address 10801 N Mopac Expy  
Ste # 300

City  
Austin

State  
TX

Zip Code  
78759-5459

Purpose of Disbursement

Non-Contribution Account: Software

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : 500044945**

Amount of Each Disbursement this Period

[ ] 1590.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. NGP VAN**

Mailing Address 10801 N Mopac Expy  
Ste # 300

City  
Austin

State  
TX

Zip Code  
78759-5459

Purpose of Disbursement

Non-Contribution Account: Software

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : 500059429**

Amount of Each Disbursement this Period

[ ] 1590.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Olson Remcho LLP**

Mailing Address 555 Capitol Mall  
Ste 400

City  
Sacramento

State  
CA

Zip Code  
95814-4503

Purpose of Disbursement

Non-Contribution Account: Legal Services

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C [ ]

**Transaction ID : 500011349**

Amount of Each Disbursement this Period

[ ] 2540.00

Memo Item

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

[ ] 5720.00

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

[ ]

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**People Over Monopolies**

Full Name (Last, First, Middle Initial) <b>A. Olson Remcho LLP</b>		Date of Disbursement MM / DD / YYYY 08 / 21 / 2025
Mailing Address 555 Capitol Mall Ste 400		FEC Identification Number C [ ] <b>Transaction ID : 500044942</b>
City Sacramento	State CA	Zip Code 95814-4503
Purpose of Disbursement Non-Contribution Account: Legal Services		Amount of Each Disbursement this Period [ ] 57.50
Candidate Name		<input type="checkbox"/> 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>B. Olson Remcho LLP</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2025
Mailing Address 555 Capitol Mall Ste 400		FEC Identification Number C [ ] <b>Transaction ID : 500044941</b>
City Sacramento	State CA	Zip Code 95814-4503
Purpose of Disbursement Non-Contribution Account: Legal Services		Amount of Each Disbursement this Period [ ] 172.50
Candidate Name		<input type="checkbox"/> 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>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period [ ]
Candidate Name		<input type="checkbox"/> 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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 18739.38