

**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

ALEA FOR CONGRESS

ADDRESS (number and street)

3550 EXECUTIVE PARKWAY

#7107

Check if different
than previously
reported. (ACC)

TOLEDO

OH

43606

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00903310

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

OH

09

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

through

M M /

D D /

Y Y Y Y

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

KILGORE, PAUL, , ,

Signature of Treasurer

KILGORE, PAUL, , ,

Date

M M /

D D /

Y Y Y Y

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

ALEA FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2026

To:

MM / DD / YYYY
09 / 30 / 2026

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	717460.07
(b) Total Contribution Refunds (from Line 20(d))	0.00	21200.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	696260.07
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12981.46	728618.04
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	373.50
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	12981.46	728244.54
8. Cash on Hand at Close of Reporting Period (from Line 27).....	0.00	
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)	0.00	

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

ALEA FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2026

To:

MM / DD / YYYY
09 / 30 / 2026**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

0.00

265237.69

(ii) Unitemized

0.00

418222.38

(iii) TOTAL of contributions
from individuals ▶

0.00

683460.07

(b) Political Party Committees.....

0.00

5000.00

(c) Other Political Committees
(such as PACs)

0.00

29000.00

(d) The Candidate

0.00

0.00

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

0.00

717460.07

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

31984.46

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

373.50

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

0.00

0.01

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

0.00

749818.04

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12981.46	728618.04
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	21200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	21200.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	12981.46	749818.04

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12981.46
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	12981.46
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12981.46
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

**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 5 OF 8

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

ALEA FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Crosley Consutling

Mailing Address 6565 Spindlewick Ln

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	9		2	0	2	6

City
CincinnatiState
OHZip Code
45230

FEC Identification Number

C

Purpose of Disbursement
Strategic Consulting

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.6944

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Pkwy

Date of Disbursement

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

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

53.42

Transaction ID : SB17.6927

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Pkwy

Date of Disbursement

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

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

74.57

Transaction ID : SB17.6928

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

4127.99

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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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

ALEA FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Pkwy

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Software

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	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

125.84

Transaction ID : SB17.6950

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Hall, LLC

Mailing Address PO Box 5950

City
BethesdaState
MDZip Code
20824Purpose of Disbursement
Digital Consulting

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	7		0	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

4000.00

Transaction ID : SB17.6943

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hall, LLC

Mailing Address PO Box 5950

City
BethesdaState
MDZip Code
20824Purpose of Disbursement
Digital Consulting

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		1	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3278.25

Transaction ID : SB17.6952

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

7404.09

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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☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

ALEA FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Middletown Valley Bank

Mailing Address 24 W Main St

City
MiddletownState
MDZip Code
21769Purpose of Disbursement
Bank Fees

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	7		0	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

40.93

Transaction ID : SB17.6933

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Middletown Valley Bank

Mailing Address 24 W Main St

City
MiddletownState
MDZip Code
21769Purpose of Disbursement
Bank Fees

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	7		0	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

132.35

Transaction ID : SB17.6934

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Middletown Valley Bank

Mailing Address 24 W Main St

City
MiddletownState
MDZip Code
21769Purpose of Disbursement
Bank Fees

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	7		0	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

63.00

Transaction ID : SB17.6941

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

236.28

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 8 OF 8

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

ALEA FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Middletown Valley Bank

Mailing Address 24 W Main St

City
MiddletownState
MDZip Code
21769Purpose of Disbursement
Bank Fees

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
07		15		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

25.00

Transaction ID : SB17.6946

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Professional Data Services, Inc.Mailing Address 824 Milledge Cir
Ste 101City
AthensState
GAZip Code
30606Purpose of Disbursement
Compliance Consulting

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
08		07		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

1067.90

Transaction ID : SB17.6949

☐ 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).....▶

1092.90

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

12861.26