

**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

KARL FOR CONGRESS

ADDRESS (number and street)

6711 GERNMANTOWN AVE SUITE 12314

Check if different
than previously
reported. (ACC)

PHILADELPHIA

PA

19119

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00914325

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

PA

03

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
01 / 01 / 2026

through

M M / D D / Y Y Y Y
03 / 31 / 2026*I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Treasurer Jasmin, Kate, , ,

Signature of Treasurer

Jasmin, Kate, , ,

Date

M M / D D / Y Y Y Y
04 / 15 / 2026

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

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

KARL FOR CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

	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))	3833.24	40663.48
(b) Total Contribution Refunds (from Line 20(d))	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	3833.24	40563.48
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	3183.04	38627.96
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	2.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3183.04	38625.96
8. Cash on Hand at Close of Reporting Period (from Line 27)	16937.52	
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)	15000.00	

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

KARL FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 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).....

150.00

870.22

(ii) Unitemized

1250.00

3902.00

(iii) TOTAL of contributions
from individuals ▶

1400.00

4772.22

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

2433.24

35891.26

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

3833.24

40663.48

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

15000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

15000.00

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

0.00

2.00

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)..... ▶

3833.24

55665.48

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.....	3183.04	38627.96
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	100.00
(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	100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	3183.04	38727.96

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	16287.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3833.24
25. SUBTOTAL (add Line 23 and Line 24).....	20120.56
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	3183.04
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	16937.52

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 5 OF 10

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

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

NAME OF COMMITTEE (In Full)

KARL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Carter, Latoya, , ,

A.

Mailing Address 65 Pennant Ln

City

Willingboro

State

NJ

Zip Code

08046

FEC ID number of contributing
federal political committee.

C

Name of Employer

CSL Behring

Occupation

Senior Manager

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
01 05 2026

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Carter, Latoya, , ,

B.

Mailing Address 65 Pennant Ln

City

Willingboro

State

NJ

Zip Code

08046

FEC ID number of contributing
federal political committee.

C

Name of Employer

CSL Behring

Occupation

Senior Manager

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 05 2026

Transaction ID : SA11AI.4334

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Carter, Latoya, , ,

C.

Mailing Address 65 Pennant Ln

City

Willingboro

State

NJ

Zip Code

08046

FEC ID number of contributing
federal political committee.

C

Name of Employer

CSL Behring

Occupation

Senior Manager

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 05 2026

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

150.00

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

150.00

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 6 OF 10

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

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NAME OF COMMITTEE (In Full)

KARL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Morris, Karl, , Dr.,

A.

Mailing Address 8115 Rugby St

City

Philadelphia

State

PA

Zip Code

19150

FEC ID number of contributing
federal political committee.

C H6PA03211

Name of Employer

Temple University

Occupation

Professor

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50081.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 01 2026

Transaction ID : SA11D.4349

Amount of Each Receipt this Period

1623.24

☐ Memo Item

In-kind - Office/storage space (1.67psf x 324sqf x 3 months)

Full Name (Last, First, Middle Initial)

Morris, Karl, , Dr.,

B.

Mailing Address 8115 Rugby St

City

Philadelphia

State

PA

Zip Code

19150

FEC ID number of contributing
federal political committee.

C H6PA03211

Name of Employer

Temple University

Occupation

Professor

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50681.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 01 2026

Transaction ID : SA11D.4352

Amount of Each Receipt this Period

600.00

☐ Memo Item

In-kind - Website updates: landing page redesign, voter search database, mail custom update, 12 h

Full Name (Last, First, Middle Initial)

Morris, Karl, , Dr.,

C.

Mailing Address 8115 Rugby St

City

Philadelphia

State

PA

Zip Code

19150

FEC ID number of contributing
federal political committee.

C H6PA03211

Name of Employer

Temple University

Occupation

Professor

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

50891.26

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 15 2026

Transaction ID : SA11D.4375

Amount of Each Receipt this Period

210.00

☐ Memo Item

In-kind - PO Box 12314

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

2433.24

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

2433.24

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

PAGE 7 OF 10

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

KARL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Amazon.com

Mailing Address 410 Terry Avenue North

City
SeattleState
WAZip Code
98109Purpose of Disbursement
2 067H Toner Cartridge Set: 067 Mf656Cdw Toner High Yield

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

102.68

Transaction ID : SB17.4366

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amazon.com

Mailing Address 410 Terry Avenue North

City
SeattleState
WAZip Code
98109Purpose of Disbursement
2 067H Toner Cartridge Set: 067 Mf656Cdw Toner High Yield

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

96.65

Transaction ID : SB17.4368

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Facebook Inc

Mailing Address 6700 Dumbarton Cir

City
FremontState
CAZip Code
94555Purpose of Disbursement
Aggregated Facebook ads

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

164.03

Transaction ID : SB17.4354

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

363.36

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 8 OF 10

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

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NAME OF COMMITTEE (In Full)

KARL FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Morris, Karl, , Dr.,

Mailing Address 8115 Rugby St

City
PhiladelphiaState
PAZip Code
19150Purpose of Disbursement
In-kind - Office/storage space (1.67psf x 324sqf x 3 months)

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

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

FEC Identification Number

C H6PA03211

Amount of Each Disbursement this Period

1623.24

Transaction ID : SB17.4350

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Morris, Karl, , Dr.,

Mailing Address 8115 Rugby St

City
PhiladelphiaState
PAZip Code
19150Purpose of Disbursement
In-kind - Website updates: landing page redesign, voter search database,
mail system update - 12 h

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

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

FEC Identification Number

C H6PA03211

Amount of Each Disbursement this Period

600.00

Transaction ID : SB17.4353

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Morris, Karl, , Dr.,

Mailing Address 8115 Rugby St

City
PhiladelphiaState
PAZip Code
19150Purpose of Disbursement
In-kind - PO Box 12314

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 03

Date of Disbursement

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

FEC Identification Number

C H6PA03211

Amount of Each Disbursement this Period

210.00

Transaction ID : SB17.4376

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

2433.24

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

2796.60

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

PAGE 9 OF 10

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4100

KARL FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Morris, Karl, , Dr.,

Mailing Address

8115 Rugby St

City

Philadelphia

State

PA

ZIP Code

19150

☒ Personal Funds of the Candidate

Original Amount of Loan

10000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 26 / 2025M M / D D / Y Y Y Y
11/03/2026

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).....▶

10000.00

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

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

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

PAGE 10 OF 10

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4244

KARL FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Morris, Karl, , Dr.,

Mailing Address

8115 Rugby St

City

Philadelphia

State

PA

ZIP Code

19150

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
12 31 / 2025

M M / D D / Y Y Y Y

11/03/2026

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).....▶

5000.00

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

15000.00

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