



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**LEADING THE FUTURE**

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="2026"/>		<input type="text" value="39271171.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="39271171.77"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="25225222.23"/>	<input type="text" value="25225222.23"/>
(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="64496394.00"/>	<input type="text" value="64496394.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13351523.72"/>	<input type="text" value="13351523.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="51144870.28"/>	<input type="text" value="51144870.28"/>
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

**LEADING THE FUTURE**

Report Covering the Period: From: M M / D D / Y Y Y Y Y 01 / 01 / 2026 To: M M / D D / Y Y Y Y Y 03 / 31 / 2026

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).....	25000000.00	25000000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	25000000.00	25000000.00
(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) .....	25000000.00	25000000.00
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	225222.23	225222.23
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)).....▶	25225222.23	25225222.23
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	25225222.23	25225222.23

**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 .....	351523.72	351523.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	351523.72	351523.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000000.00	10000000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
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).....	3000000.00	3000000.00
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)) ..	13351523.72	13351523.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13351523.72	13351523.72

**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) .....	25000000.00	25000000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	25000000.00	25000000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	351523.72	351523.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	351523.72	351523.72

**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 6 OF 14
	<input checked="" 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 type="checkbox"/> 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)  
**LEADING THE FUTURE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. A16Z CAPITAL MANAGEMENT, LLC**

Mailing Address 2865 SAND HILL RD  
SUITE 101

City MENLO PARK      State CA      Zip Code 94025-7022

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 ▼  
25000000.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2026

**Transaction ID : SA11A.603471**

Amount of Each Receipt this Period  
25000000.00

Memo Item  
CONTRIBUTION

SEE ATTRIBUTION BELOW

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ANDREESSEN, MARC, L., ,**

Mailing Address PO BOX 1707

City LOS ALTOS      State CA      Zip Code 94023-1707

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

Name of Employer (for Individual) ANDREESSEN HOROWITZ      Occupation (for Individual) CO-FOUNDER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
12500000.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2026

**Transaction ID : SA11A.603473**

Amount of Each Receipt this Period  
12500000.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. HOROWITZ, BENJAMIN, , ,**

Mailing Address 7 FALCON VIEW COURT

City LAS VEGAS      State NV      Zip Code 89135-7867

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

Name of Employer (for Individual) ANDREESSEN HOROWITZ      Occupation (for Individual) COFOUNDER AND GP

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
12500000.00

Date of Receipt  
MM / DD / YYYY  
02 / 11 / 2026

**Transaction ID : SA11A.603472**

Amount of Each Receipt this Period  
12500000.00

Memo Item  
CONTRIBUTION

PARTNERSHIP ATTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	25000000.00
<b>TOTAL</b> This Period (last page this line number only).....	25000000.00

**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 14
<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)  
**LEADING THE FUTURE**

**A. CHAIN BRIDGE BANK**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1445 LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

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 ▼  
225222.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		02		2026

**Transaction ID : SA17.31335**

Amount of Each Receipt this Period  
76889.56

Memo Item  
**INTEREST INCOME**

**B. CHAIN BRIDGE BANK**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1445 LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
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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 ▼  
225222.23

Date of Receipt  

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

**Transaction ID : SA17.31336**

Amount of Each Receipt this Period  
66766.71

Memo Item  
**INTEREST INCOME**

**C. CHAIN BRIDGE BANK**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1445 LAUGHLIN AVE

City MCLEAN	State VA	Zip Code 22101
----------------	-------------	-------------------

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 ▼  
225222.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		02		2026

**Transaction ID : SA17.31337**

Amount of Each Receipt this Period  
81565.96

Memo Item  
**INTEREST INCOME**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225222.23
<b>TOTAL</b> This Period (last page this line number only).....	225222.23

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**LEADING THE FUTURE**

Full Name (Last, First, Middle Initial)

**A. CROSBY OTTENHOFF GROUP**

Mailing Address 421 OFFICE PARK DR

City  
MOUNTAIN BROOK

State  
AL

Zip Code  
35223

Purpose of Disbursement  
COMPLIANCE CONSULTING / POSTAGE

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
01		23		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I31367

Amount of Each Disbursement this Period

[REDACTED] 7504.78

Memo Item

Full Name (Last, First, Middle Initial)

**B. CROSBY OTTENHOFF GROUP**

Mailing Address 421 OFFICE PARK DR

City  
MOUNTAIN BROOK

State  
AL

Zip Code  
35223

Purpose of Disbursement  
COMPLIANCE CONSULTING / POSTAGE

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
03		09		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I31367

Amount of Each Disbursement this Period

[REDACTED] 7513.87

Memo Item

Full Name (Last, First, Middle Initial)

**C. CROSBY OTTENHOFF GROUP**

Mailing Address 421 OFFICE PARK DR

City  
MOUNTAIN BROOK

State  
AL

Zip Code  
35223

Purpose of Disbursement  
COMPLIANCE CONSULTING / POSTAGE

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
03		27		2026

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.I31367

Amount of Each Disbursement this Period

[REDACTED] 7502.39

Memo Item

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

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

[REDACTED] 22521.04

[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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LEADING THE FUTURE**

Full Name (Last, First, Middle Initial)

**A. CROSBY OTTENHOFF GROUP**

Mailing Address 421 OFFICE PARK DR

City MOUNTAIN BROOK

State AL

Zip Code 35223

Purpose 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
0	2		2	6		2	0	2	6

FEC Identification Number

**C**

**Transaction ID : SB21B.I3136!**

Amount of Each Disbursement this Period

6000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. PHILADELPHIA INSURANCE COMPANIES**

Mailing Address ONE BALA PLAZA  
SUITE 100

City BALA CYNWYD

State PA

Zip Code 19004

Purpose of Disbursement  
INSURANCE

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	3		0	4		2	0	2	6

FEC Identification Number

**C**

**Transaction ID : SB21B.I31387**

Amount of Each Disbursement this Period

301.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PRUSIK PARTNERS LLC**

Mailing Address 1550 W HORIZON RIDGE PKWY  
#660 STE R

City HENDERSON

State NV

Zip Code 89012

Purpose of Disbursement  
STRATEGY CONSULTING / MANAGEMENT CONSULTING / LEGAL 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	1		0	9		2	0	2	6

FEC Identification Number

**C**

**Transaction ID : SB21B.I3138**

Amount of Each Disbursement this Period

27818.75

Memo Item

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

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

34119.75

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LEADING THE FUTURE**

Full Name (Last, First, Middle Initial) <b>A. PRUSIK PARTNERS LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 13 / 2026	
Mailing Address 1550 W HORIZON RIDGE PKWY #660 STE R			
City HENDERSON	State NV	Zip Code 89012	
Purpose of Disbursement STRATEGY CONSULTING		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.I3138 Amount of Each Disbursement this Period 25000.00	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. PRUSIK PARTNERS LLC</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2026	
Mailing Address 1550 W HORIZON RIDGE PKWY #660 STE R			
City HENDERSON	State NV	Zip Code 89012	
Purpose of Disbursement COMMUNICATIONS CONSULTING / LEGAL FEES / MANAGEMENT		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.I3138 Amount of Each Disbursement this Period 64833.25	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. PRUSIK PARTNERS LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 06 / 2026	
Mailing Address 1550 W HORIZON RIDGE PKWY #660 STE R			
City HENDERSON	State NV	Zip Code 89012	
Purpose of Disbursement STRATEGY CONSULTING		FEC Identification Number C	
Candidate Name		Transaction ID : SB21B.I3138 Amount of Each Disbursement this Period 10000.00	
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:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	99833.25
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LEADING THE FUTURE**

Full Name (Last, First, Middle Initial) <b>A. PRUSIK PARTNERS LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 16 / 2026	
Mailing Address 1550 W HORIZON RIDGE PKWY #660 STE R			
City HENDERSON	State NV	Zip Code 89012	
Purpose of Disbursement COMMUNICATIONS CONSULTING / STRATEGY CONSULTING /		Category/Type <input type="checkbox"/>	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Transaction ID : <b>SB21B.I3138</b> Amount of Each Disbursement this Period 47839.00	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. PRUSIK PARTNERS LLC</b>		Date of Disbursement MM / DD / YYYY 03 / 24 / 2026	
Mailing Address 1550 W HORIZON RIDGE PKWY #660 STE R			
City HENDERSON	State NV	Zip Code 89012	
Purpose of Disbursement MANAGEMENT CONSULTING / STRATEGY CONSULTING / LEGAL FEES		Category/Type <input type="checkbox"/>	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Transaction ID : <b>SB21B.I3138</b> Amount of Each Disbursement this Period 103881.25	
		<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. THREE ARBOR INSURANCE</b>		Date of Disbursement MM / DD / YYYY 02 / 26 / 2026	
Mailing Address 2828 OLD 280 COURT SUITE 126			
City VESTAVIA	State AL	Zip Code 35243	
Purpose of Disbursement INSURANCE		Category/Type <input type="checkbox"/>	
Candidate Name		FEC Identification Number C	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		Transaction ID : <b>SB21B.I3138</b> Amount of Each Disbursement this Period 42579.43	
		<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	194299.68
<b>TOTAL</b> 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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LEADING THE FUTURE**

Full Name (Last, First, Middle Initial)

### A. WILEY REIN LLP

Mailing Address 1776 K STREET NW

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2026

FEC Identification Number

C

Transaction ID : SB21B.I3137!

Amount of Each Disbursement this Period

657.50

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

657.50

351431.22

**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)  
**LEADING THE FUTURE**

Full Name (Last, First, Middle Initial)

**A. AMERICAN MISSION**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2026

Mailing Address 1540 W SUNSET ROAD  
STE 100 PMB 2001

City HENDERSON State NV Zip Code 89014

Purpose of Disbursement  
CONTRIBUTION

FEC Identification Number

**C** C00916692

**Transaction ID : SB23.I31389**

Amount of Each Disbursement this Period

5000000.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. THINK BIG**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2026

Mailing Address 3495 LAKESIDE DRIVE  
#1209

City RENO State NV Zip Code 89509

Purpose of Disbursement  
CONTRIBUTION

FEC Identification Number

**C** C00923417

**Transaction ID : SB23.I31388**

Amount of Each Disbursement this Period

5000000.00

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

10000000.00

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

10000000.00

# 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)

**LEADING THE FUTURE**

Full Name (Last, First, Middle Initial)

**A. AMERICAN MISSION FLORIDA**

Mailing Address 2241 NORTH MONROE ST  
NUMBER 1221

City  
TALLAHASSEE

State  
FL

Zip Code  
32303

Purpose of Disbursement  
CONTRIBUTION - NON-FEDERAL COMMITTEE

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	Y	Y
0	3		0	4		2	0	2	6		

FEC Identification Number

**C**

**Transaction ID : SB29.I31390**

Amount of Each Disbursement this Period

3000000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

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	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

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	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

3000000.00

3000000.00