

**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.

1 2 F E 4 M 5

BEN CLINE FOR CONGRESS, INC.

ADDRESS (number and street)

P.O. BOX 1536



Check if different than previously reported. (ACC)

LEESBURG

VA

20177

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00661561

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

VA

06

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 MCMENAMIN, LAURA, , ,

Signature of Treasurer

MCMENAMIN, LAURA, , ,

Date

M M / D D / Y Y Y Y

10 / 10 / 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

**BEN CLINE FOR CONGRESS, INC.**

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)) ....	94843.99	457866.52
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	94843.99	457866.52
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	112085.49	266494.13
(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)) .....	112085.49	266494.13
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	400736.71	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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](http://www.fec.gov).

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

**BEN CLINE FOR CONGRESS, INC.**

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).....**

39590.00

221570.00

**(ii) Unitemized .....**

2518.99

6901.43

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

42108.99

228471.43

**(b) Political Party Committees.....**

0.00

0.00

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

52735.00

229395.09

**(d) The Candidate .....**

0.00

0.00

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

94843.99

457866.52

**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).....**

94843.99

457866.52

# **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.....	112085.49	266494.13
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	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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	10000.00	142000.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	122085.49	408494.13

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	427978.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	94843.99
25. SUBTOTAL (add Line 23 and Line 24).....	522822.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	122085.49
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	400736.71

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**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"/> 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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

ALEXANDER, DANIEL, , MR.,

**A.**

Mailing Address 253 JOCELYN LANE

City

WAYNESBORO

State

VA

Zip Code

22980

FEC ID number of contributing  
federal political committee.

C

Name of Employer

DGO CORPORATION

Occupation

EXECUTIVE VP

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	9		2	0	2	5

Transaction ID : 17071

Amount of Each Receipt this Period

500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

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

Transaction ID : 17240

Amount of Each Receipt this Period

1.99

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED**C.**

Full Name (Last, First, Middle Initial)

AMERICAN ISRAEL PUBLIC AFFAIRS COMMITTEE POLITICAL ACTION COMMITTEE

Mailing Address 251 H ST NW

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

C

C00797670

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

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

Transaction ID : 17241

Amount of Each Receipt this Period

1.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED**SUBTOTAL** of Receipts This Page (optional)..... ▶

500.00

**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 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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

BARBLAN, MATTHEW, , ,

**A.** Mailing Address 868 N. LONGFELLOWCity  
ARLINGTONState  
VAZip Code  
22205FEC ID number of contributing  
federal political committee.

C

Name of Employer  
THE GOODLATTE GROUPOccupation  
PRINCIPAL

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 30 2025

Transaction ID : 17081

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BARLEY, KIRK, , MR.,

**B.** Mailing Address 16908 BLUE RIDGE PKWYCity  
LYNDHURSTState  
VAZip Code  
22952FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

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 12 2025

Transaction ID : 17078

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BELL, JAMES, E, , III

**C.** Mailing Address 373 OLD CARRIAGE LOOPCity  
GEORGETOWNState  
SCZip Code  
29440FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BELL LEGAL GROUP, LLCOccupation  
OWNER/SR. PARTNER

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  
09 18 2025

Transaction ID : 17116

Amount of Each Receipt this Period

1500.00

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

2500.00

**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 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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

BEST, DANIEL, , ,

**A.**

Mailing Address 660 GERMANY RD

City

STEPHENS CITY

State

VA

Zip Code

22655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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		0	8		2	0	2	5

Transaction ID : 17061

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BIBER, JOSEPH, M, ,

**B.**

Mailing Address 15 WILD TURKEY RD

City

LEXINGTON

State

VA

Zip Code

24450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : 17079

Amount of Each Receipt this Period

350.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

BREAUX, KRISTOPHER, , ,

**C.**

Mailing Address 3124 HANNAHS POND LN

City

HERNDON

State

VA

Zip Code

20171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

POTOMAC ADVOCATES

Occupation

CONSULTANT

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	9		2	5		2	0	2	5

Transaction ID : 17219

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED PAC

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

1350.00

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

CALLANAN, KEVIN, , ,

**A.**

Mailing Address 121 LUCY LONG COURT

City

STEPHENS CITY

State

VA

Zip Code

22655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYED

Occupation  
FUNDRAISING

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  
08 18 2025

Transaction ID : 17108

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CAMERON, OVERTON, WINSTON, MR., JR

**B.**

Mailing Address 536 COURTFIELD AVENUE

City

WINCHESTER

State

VA

Zip Code

22601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

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  
08 18 2025

Transaction ID : 17104

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CLAYTON, ROBERT, W, ,

**C.**

Mailing Address 4273 VALLEY PIKE

City

WINCHESTER

State

VA

Zip Code

22602

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
H.N. FUNKHOUSER

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 Y  
08 18 2025

Transaction ID : 17111

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**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"/> 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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

CLINE, JULIA, S, MRS.,

**A.**

Mailing Address 250 NEW CAMERON DRIVE

City

LEXINGTON

State

VA

Zip Code

24450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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 / 11 / 2025D D / Y Y Y Y Y  
11 / 2025Y Y Y Y Y  
2025

Transaction ID : 17098

Amount of Each Receipt this Period

3500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

CLINKENBEARD, KIRK, , ,

Mailing Address 7408 CARATH CT

City

SPRINGFIELD

State

VA

Zip Code

22153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GLOBAL TECHNICAL SYSTEMS

Occupation

SVP, GOVERNMENT RELATIONS

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID : 17118

Amount of Each Receipt this Period

1750.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

DOYLE, DENISE, , ,

Mailing Address 40 BIRDSONG LANE

City

EDINBURG

State

VA

Zip Code

22824

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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  
08 / 06 / 2025D D / Y Y Y Y Y  
06 / 2025Y Y Y Y Y  
2025

Transaction ID : 17057

Amount of Each Receipt this Period

250.00

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

5500.00

**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 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)

**BEN CLINE FOR CONGRESS, INC.**Full Name (Last, First, Middle Initial)  
FROGALE, LAURIE, , ,**A.** Mailing Address 202 ROBINSON DRCity  
WINCHESTERState  
VAZip Code  
22602FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ANNANDALE MILLWORKSOccupation  
VP, HUMAN RESOURCES

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 18 2025

Transaction ID : 17110

Amount of Each Receipt this Period

500.00

☐ Memo ItemFull Name (Last, First, Middle Initial)  
HENION, REID, , ,**B.** Mailing Address 7126 PINE NEEDLE DRCity  
BOONES MILLState  
VAZip Code  
24065FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STAGE SOUNDOccupation  
DESIGNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 05 2025

Transaction ID : 17212

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED PAC

Full Name (Last, First, Middle Initial)  
HENION, REID, , ,**C.** Mailing Address 7126 PINE NEEDLE DRCity  
BOONES MILLState  
VAZip Code  
24065FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STAGE SOUNDOccupation  
DESIGNER

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

450.00

Date of Receipt

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

Transaction ID : 17214

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED PAC

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

600.00

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

PAGE 11 OF 71

<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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

HENION, REID, , ,

**A.** Mailing Address 7126 PINE NEEDLE DR

City

BOONES MILL

State

VA

Zip Code

24065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STAGE SOUNDOccupation  
DESIGNER

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	9		0	5		2	0	2	5

Transaction ID : 17216

Amount of Each Receipt this Period

50.00

☐ Memo Item

EARMARKED THROUGH WINRED PAC

Full Name (Last, First, Middle Initial)

HOLTZMAN, WILLIAM, B., MR.,

**B.** Mailing Address P.O. BOX 204

City

MOUNT JACKSON

State

VA

Zip Code

22842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLTZMAN OIL CORPOccupation  
PETROLEUM DISTRIBUTOR

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		1	1		2	0	2	5

Transaction ID : 17096

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HOLTZMAN, WILLIAM, B., MR.,

**C.** Mailing Address P.O. BOX 204

City

MOUNT JACKSON

State

VA

Zip Code

22842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HOLTZMAN OIL CORPOccupation  
PETROLEUM DISTRIBUTOR

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	9		1	1		2	0	2	5

Transaction ID : 17097

Amount of Each Receipt this Period

3500.00

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

7050.00

**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  
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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

HOUSE FREEDOM FUND

**A.**

Mailing Address PO BOX 96006

City

WASHINGTON

State

DC

Zip Code

20090

FEC ID number of contributing  
federal political committee.

**C** C00552851

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  
07 09 2025

Transaction ID : 17251

Amount of Each Receipt this Period

50.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)

HOUSE FREEDOM FUND

**B.**

Mailing Address PO BOX 96006

City

WASHINGTON

State

DC

Zip Code

20090

FEC ID number of contributing  
federal political committee.

**C** C00552851

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  
07 23 2025

Transaction ID : 17252

Amount of Each Receipt this Period

100.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)

HOUSE FREEDOM FUND

**C.**

Mailing Address PO BOX 96006

City

WASHINGTON

State

DC

Zip Code

20090

FEC ID number of contributing  
federal political committee.

**C** C00552851

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 06 2025

Transaction ID : 17253

Amount of Each Receipt this Period

50.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

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

0.00

**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

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(check only one)

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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

HOUSE FREEDOM FUND

**A.**

Mailing Address PO BOX 96006

City

WASHINGTON

State

DC

Zip Code

20090

FEC ID number of contributing  
federal political committee.

**C** C00552851

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 10 2025

Transaction ID : 17254

Amount of Each Receipt this Period

40.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)

HOUSE FREEDOM FUND

**B.**

Mailing Address PO BOX 96006

City

WASHINGTON

State

DC

Zip Code

20090

FEC ID number of contributing  
federal political committee.

**C** C00552851

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 : 17255

Amount of Each Receipt this Period

25.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)

JAIN, PRABHAT, , ,

**C.**

Mailing Address 5292 PEREGRINE CREST CIR

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

VIRGINIA TRANSFORMER CORP

Occupation

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 Y  
07 14 2025

Transaction ID : 17051

Amount of Each Receipt this Period

3500.00

☐ Memo Item

**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  
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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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

JAIN, PRABHAT, , ,

**A.**

Mailing Address 5292 PEREGRINE CREST CIR

City

ROANOKE

State

VA

Zip Code

24018

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VIRGINIA TRANSFORMER CORP

Occupation

CEO

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 14 2025

Transaction ID : 17293

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KERN, RICHARD, D, , JR

**B.**

Mailing Address 1577 MOFFETT DRIVE

City

WINCHESTER

State

VA

Zip Code

22601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KERN MOTOR COMPANY INC

Occupation

OWNER

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : 17103

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MANUEL, PAIGE, , ,

**C.**

Mailing Address 118 ARMSTRONG PLACE

City

WINCHESTER

State

VA

Zip Code

22602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

OAKCREST COMMERCIAL REAL ESTATE

Occupation

REAL ESTATE BROKER

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 17064

Amount of Each Receipt this Period

250.00

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

2250.00

**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  
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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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

NAPOLITANO, NANCY, , ,

**A.**

Mailing Address 358 ASHBY LANE

City

FRONT ROYAL

State

VA

Zip Code

22630

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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  
08 14 2025

Transaction ID : 17068

Amount of Each Receipt this Period

250.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF BROADCASTERS POLITICAL ACTION COMMITTEE (NABPAC)

Mailing Address 1 M STREET, SE

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

C C00009985

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  
07 29 2025

Transaction ID : 17174

Amount of Each Receipt this Period

3500.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED**C.**

Full Name (Last, First, Middle Initial)

ODONNELL, CHRISTOPHER, , ,

Mailing Address 3005 CLAYBROOK CT

City

HARRISONBURG

State

VA

Zip Code

22801

FEC ID number of contributing  
federal political committee.

C

Name of Employer

O2 DEFENSE LLC

Occupation

ACQUISITION PRINCIPAL

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 26 2025

Transaction ID : 17120

Amount of Each Receipt this Period

500.00

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

750.00

**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 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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

PATEL, BIPIN, B, ,

**A.** Mailing Address 102 PRINCETON DRIVE

City

WINCHESTER

State

VA

Zip Code

22602

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

HOTEL MANAGEMENT

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	8		1	4		2	0	2	5

Transaction ID : 17067

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PEARMAN, JAMES, E., MR., JR.

**B.** Mailing Address 6927 CAMPBELL DRIVE

City

SALEM

State

VA

Zip Code

24153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PARTNERS IN FINANCIAL PLANNING LLC

Occupation

FINANCIAL ADVISOR

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		2	7		2	0	2	5

Transaction ID : 17073

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PROHASKA, JAMES, , ,

**C.** Mailing Address 111 UPPERVILLE DR

City

STEPHENS CITY

State

VA

Zip Code

22655

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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		3	0		2	0	2	5

Transaction ID : 17054

Amount of Each Receipt this Period

500.00

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

4250.00

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

ROBBINS, RICK, , MR.,

**A.**

Mailing Address 974 SUGAR CREEK ROAD

City

LEXINGTON

State

VA

Zip Code

24450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 09 2025

Transaction ID : 17213

Amount of Each Receipt this Period

30.00

☐ Memo Item

EARMARKED THROUGH WINRED PAC

Full Name (Last, First, Middle Initial)

ROBBINS, RICK, , MR.,

**B.**

Mailing Address 974 SUGAR CREEK ROAD

City

LEXINGTON

State

VA

Zip Code

24450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 09 2025

Transaction ID : 17215

Amount of Each Receipt this Period

30.00

☐ Memo Item

EARMARKED THROUGH WINRED PAC

Full Name (Last, First, Middle Initial)

ROBBINS, RICK, , MR.,

**C.**

Mailing Address 974 SUGAR CREEK ROAD

City

LEXINGTON

State

VA

Zip Code

24450

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

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  
09 09 2025

Transaction ID : 17217

Amount of Each Receipt this Period

30.00

☐ Memo Item

EARMARKED THROUGH WINRED PAC

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

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

90.00

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

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

STOLTZFUS, MICHAEL, , ,

**A.**

Mailing Address 1793 AIRPORT ROAD

POB 7

City

BRIDGEWATER

State

VA

Zip Code

22812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DYNAMIC AVIATIONOccupation  
PRESIDENT & CEO

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3600.00

Date of Receipt

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

Transaction ID : 17138

Amount of Each Receipt this Period

200.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

STOLTZFUS, MICHAEL, , ,

Mailing Address 1793 AIRPORT ROAD

POB 7

City

BRIDGEWATER

State

VA

Zip Code

22812

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DYNAMIC AVIATIONOccupation  
PRESIDENT & CEO

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6900.00

Date of Receipt

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

Transaction ID : 17139

Amount of Each Receipt this Period

3300.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

THOMASSON, WILLIAM, , ,

Mailing Address 130 GROSBEAK CT

City

LAKE FREDERICK

State

VA

Zip Code

22630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

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		3	0		2	0	2	5

Transaction ID : 17053

Amount of Each Receipt this Period

500.00

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

4000.00

**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  
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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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

WALKER, TODD, , ,

**A.**

Mailing Address 7200 ELIZABETH DRIVE

City

MCLEAN

State

VA

Zip Code

22101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALTRIA

Occupation

SVP, GOVERNMENT AFFAIRS

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 : 17119

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WATERS, ROBB, , ,

**B.**

Mailing Address 627 PHILIP DIGGES DR

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

THE MADISON GROUP

Occupation

MANAGING PARTNER

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 / 18 / 2025

Transaction ID : 17218

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED THROUGH WINRED PAC

Full Name (Last, First, Middle Initial)

WHEELER, LEONARD, , MR.,

**C.**Mailing Address 320 14TH AVENUE S  
APT B

City

NAPLES

State

FL

Zip Code

34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MEL WHEELER, INC.

Occupation

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 Y  
07 / 23 / 2025

Transaction ID : 17173

Amount of Each Receipt this Period

3500.00

☐ Memo ItemEARMARKED THROUGH NATIONAL ASSOCIATION  
OF BROADCASTERS PAC**SUBTOTAL** of Receipts This Page (optional)..... ▶

5000.00

**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  
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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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

WILLIAMS, MICHAEL, E., ,

**A.** Mailing Address 505 SENECA KNOLL CT

City

GREAT FALLS

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MIKE WILLIAMS CAPITOL STRATEGIES

Occupation

CONSULTANT

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 : 17137

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

WINRED

**B.** Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 08 2025

Transaction ID : 17228

Amount of Each Receipt this Period

50.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)

WINRED

**C.** Mailing Address PO BOX 9891

City

ARLINGTON

State

VA

Zip Code

22219

FEC ID number of contributing  
federal political committee.

C

C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 10 2025

Transaction ID : 17229

Amount of Each Receipt this Period

30.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED**SUBTOTAL** of Receipts This Page (optional)..... ▶

1000.00

**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  
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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)

**BEN CLINE FOR CONGRESS, INC.**Full Name (Last, First, Middle Initial)  
WINRED**A.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

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

Transaction ID : 17230

Amount of Each Receipt this Period

50.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTEDFull Name (Last, First, Middle Initial)  
WINRED**B.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

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

Transaction ID : 17231

Amount of Each Receipt this Period

30.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTEDFull Name (Last, First, Middle Initial)  
WINRED**C.** Mailing Address PO BOX 9891City  
ARLINGTONState  
VAZip Code  
22219FEC ID number of contributing  
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

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

Transaction ID : 17232

Amount of Each Receipt this Period

50.00

☒ Memo ItemTOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

0.00

# **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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12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)  
WINRED

**A.** Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 10 2025

Transaction ID : 17233

Amount of Each Receipt this Period

30.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)  
WINRED

**B.** Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 21 2025

Transaction ID : 17234

Amount of Each Receipt this Period

500.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)  
WINRED

**C.** Mailing Address PO BOX 9891

City  
ARLINGTON

State  
VA

Zip Code  
22219

FEC ID number of contributing  
federal political committee.

**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 28 2025

Transaction ID : 17235

Amount of Each Receipt this Period

500.00

☒ Memo Item

TOTAL EARMARKED THROUGH CONDUIT: PAC  
LIMIT NOT AFFECTED

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

0.00

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

39590.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
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(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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**AIRBUS AMERICAS, INC. POLITICAL ACTION COMMITTEE**Mailing Address 1101 PENNSYLVANIA AVE., N.W.  
SUITE 800City  
WASHINGTONState  
DCZip Code  
20004FEC ID number of contributing  
federal political committee.**C** C00421230

Name of Employer

Occupation

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		30		2025

Transaction ID : 17149

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. AMAZON.COM SERVICES LLC SEPARATE SEGREGATED FUND (AMAZON PAC)**

Mailing Address 601 NEW JERSEY AVE NW - SUITE 900

City  
WASHINGTONState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.**C** C00360354

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		29		2025

Transaction ID : 17128

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. AMERICAN INTELLECTUAL PROPERTY LAW ASSOCIATION (AIPLA) PAC**Mailing Address 1400 CRYSTAL DRIVE  
SUITE #600City  
ARLINGTONState  
VAZip Code  
22202FEC ID number of contributing  
federal political committee.**C** C00156935

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 Y
09		30		2025

Transaction ID : 17151

Amount of Each Receipt this Period

1000.00

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

2500.00

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

Use separate schedule(s)  
for each category of the  
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(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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**AMERICAN VETERINARY MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**

**A.**

Mailing Address 400 N CAPITOL ST, NW  
STE 675

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00114132

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 29 2025

Transaction ID : 17126

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**ANHEUSER-BUSCH COMPANIES LLC POLITICAL ACTION COMMITTEE**

**B.**

Mailing Address ONE BUSCH PLACE 202-7

City

ST. LOUIS

State

MO

Zip Code

63118

FEC ID number of contributing  
federal political committee.

**C** C00034488

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 29 2025

Transaction ID : 17132

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**ANIMAL WELLNESS ACTION PAC**

**C.**

Mailing Address 611 PENNSYLVANIA AVE., SE  
#136

City

WASHINGTON

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C** C00679860

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 18 2025

Transaction ID : 17124

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

4500.00

**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  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**BUILDING BRIDGES PAC****A.**

Mailing Address 824 S MILLEDGE AVE STE 101

City

ATHENS

State

GA

Zip Code

30605

FEC ID number of contributing  
federal political committee.**C** C00693127

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  
07 30 2025

Transaction ID : 17085

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

**BWX TECHNOLOGIES, INC POLITICAL ACTION COMMITTEE**

Mailing Address 2016 MT. ATHOS ROAD

City

LYNCHBURG

State

VA

Zip Code

24504

FEC ID number of contributing  
federal political committee.**C** C00365502

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 29 2025

Transaction ID : 17135

Amount of Each Receipt this Period

500.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

**BWX TECHNOLOGIES, INC POLITICAL ACTION COMMITTEE**

Mailing Address 2016 MT. ATHOS ROAD

City

LYNCHBURG

State

VA

Zip Code

24504

FEC ID number of contributing  
federal political committee.**C** C00365502

Name of Employer

Occupation

Receipt For: 2026



Primary



General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5500.00

Date of Receipt

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

Transaction ID : 17136

Amount of Each Receipt this Period

500.00

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

2000.00

**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  
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(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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**DELL TECHNOLOGIES, INC POLITICAL ACTION COMMITTEE****A.**Mailing Address 440 FIRST ST, NW  
SUITE 820

City

WASHINGTON

State

DC

Zip Code

20001

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

C00369751

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 29 2025

Transaction ID : 17129

Amount of Each Receipt this Period

1000.00



Memo Item

Full Name (Last, First, Middle Initial)

**EMPLOYEES OF RTX CORPORATION PAC****B.**

Mailing Address 1000 WILSON BOULEVARD

City

ARLINGTON

State

VA

Zip Code

22209

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

C00097568

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  
08 29 2025

Transaction ID : 17093

Amount of Each Receipt this Period

1000.00



Memo Item

Full Name (Last, First, Middle Initial)

**GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GDC PAC)****C.**

Mailing Address 11011 SUNSET HILLS ROAD

City

RESTON

State

VA

Zip Code

20190

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  
09 30 2025

Transaction ID : 17145

Amount of Each Receipt this Period

2500.00



Memo Item

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

4500.00

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

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**GENWORTH FINANCIAL INC POLITICAL ACTION COMMITTEE**

Mailing Address 6620 W. BROAD STREET

City  
RICHMOND

State  
VA

Zip Code  
23230

FEC ID number of contributing  
federal political committee.

**C** C00404194

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 : 17113

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**HONEYWELL INTERNATIONAL POLITICAL ACTION COMMITTEE**

Mailing Address 101 CONSTITUTION AVE. NW  
SUITE 500 WEST

City  
WASHINGTON

State  
DC

Zip Code  
20001

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 ▼

2000.00

Date of Receipt

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

Transaction ID : 17147

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**INDEPENDENT INSURANCE AGENTS & BROKERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE (INSURP**

Mailing Address 20 F STREET, NW SUITE 610

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00022343

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 29 2025

Transaction ID : 17127

Amount of Each Receipt this Period

2500.00

☐ Memo Item

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

5500.00

**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  
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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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

ITG HOLDINGS U.S.A. INC. POLITICAL ACTION COMMITTEE (AKA ITG PAC)

Mailing Address 628 GREEN VALLEY ROAD, SUITE 500

City

GREENSBORO

State

NC

Zip Code

27408

FEC ID number of contributing  
federal political committee.

C C00587543

Name of Employer

Occupation

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : 17130

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

JIM JORDAN FOR CONGRESS

Mailing Address P.O. BOX 355

City

DELAWARE

State

OH

Zip Code

43015

FEC ID number of contributing  
federal political committee.

C C00416594

Name of Employer

Occupation

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼
☒ General

Election Cycle-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID : 17112

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

KOCH INDUSTRIES, INC. POLITICAL ACTION COMMITTEE (KOCHPAC)

Mailing Address 4111 EAST 37TH STREET NORTH

City

WICHITA

State

KS

Zip Code

67220

FEC ID number of contributing  
federal political committee.

C C00236489

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼
☐ General

Election Cycle-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID : 17114

Amount of Each Receipt this Period

1000.00

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

4000.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use 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
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**KOCH INDUSTRIES, INC. POLITICAL ACTION COMMITTEE (KOCHPAC)****A.**

Mailing Address 4111 EAST 37TH STREET NORTH

City  
WICHITAState  
KSZip Code  
67220FEC ID number of contributing  
federal political committee.**C** C00236489

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 29 2025

Transaction ID : 17125

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**LEIDOS INC. POLITICAL ACTION COMMITTEE****B.**

Mailing Address 301 LABORATORY ROAD

City  
OAK RIDGEState  
TNZip Code  
37830FEC ID number of contributing  
federal political committee.**C** C00546234

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 Y  
09 29 2025

Transaction ID : 17133

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE****C.**Mailing Address 2121 CRYSTAL DRIVE  
SUITE 100City  
ARLINGTONState  
VAZip Code  
22202FEC ID number of contributing  
federal political committee.**C** C00303024

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  
07 30 2025

Transaction ID : 17083

Amount of Each Receipt this Period

1000.00

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

5000.00

**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  
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(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)

**BEN CLINE FOR CONGRESS, INC.****A.** Full Name (Last, First, Middle Initial)  
MERCK & CO., INC., EMPLOYEES POLITICAL ACTION COMMITTEE (MERCK PAC)Mailing Address 601 PENNSYLVANIA AVE., NW  
NORTH BUILDING, SUITE 1200City  
WASHINGTONState  
DCZip Code  
20004FEC ID number of contributing  
federal political committee.**C** C00097485

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 Y
09		30		2025

Transaction ID : 17150

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.** Full Name (Last, First, Middle Initial)

NATIONAL ASPHALT PAVEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (NAPA-PAC)

Mailing Address 800 MAINE AVENUE  
SUITE 800City  
WASHINGTONState  
DCZip Code  
20024FEC ID number of contributing  
federal political committee.**C** C00444539

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		30		2025

Transaction ID : 17148

Amount of Each Receipt this Period

1500.00

☐ Memo Item**C.** Full Name (Last, First, Middle Initial)

NATIONAL BEER WHOLESALERS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 277 S. WASHINGTON ST  
SUITE 500City  
ALEXANDRIAState  
VAZip Code  
22314FEC ID number of contributing  
federal political committee.**C** C00144766

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		29		2025

Transaction ID : 17131

Amount of Each Receipt this Period

2500.00

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

5000.00

**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 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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

NATIONAL CATTLEMEN'S BEEF ASSOCIATION POLITICAL ACTION COMMITTEE (NCBA-PAC)

**A.**Mailing Address 1275 PENNSYLVANIA AVENUE NW  
SUITE 801

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.**C** C00028787

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 : 17144

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL RIFLE ASSOCIATION OF AMERICA POLITICAL VICTORY FUND

**B.**

Mailing Address 11250 WAPLES MILL ROAD

City

FAIRFAX

State

VA

Zip Code

22030

FEC ID number of contributing  
federal political committee.**C** C00053553

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 29 2025

Transaction ID : 17134

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL SHOOTING SPORTS FOUNDATION, INC. POLITICAL ACTION COMMITTEE (NSSF PAC)

**C.**Mailing Address 400 N. CAPITOL STREET NW  
SUITE 475

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.**C** C00480863

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  
08 29 2025

Transaction ID : 17094

Amount of Each Receipt this Period

500.00

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

6500.00

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

NATIONAL SHOOTING SPORTS FOUNDATION, INC. POLITICAL ACTION COMMITTEE (NSSF PAC)

**A.**

Mailing Address 400 N. CAPITOL STREET NW  
SUITE 475

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing  
federal political committee.

**C** C00480863

Name of Employer

Occupation

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼

☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

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

Transaction ID : 17095

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

NATIONAL TURKEY FEDERATION POLITICAL ACTION COMMITTEE/TURPAC

**B.**

Mailing Address 1225 NEW YORK AVE NW  
STE 400

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.

**C** C00076182

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

3500.00

Date of Receipt

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

Transaction ID : 17122

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

ROCKET LAB CORPORATION POLITICAL ACTION COMMITTEE (ROCKET LAB PAC)

**C.**

Mailing Address 3881 MCGOWEN STREET

City

LONG BEACH

State

CA

Zip Code

90808

FEC ID number of contributing  
federal political committee.

**C** C00811034

Name of Employer

Occupation

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼

☐ General

Election Cycle-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : 17090

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

5500.00



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

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**SWISHER INTERNATIONAL INC PAC FUND**

**A.**

Mailing Address 459 EAST 16TH STREET

City  
JACKSONVILLE

State  
FL

Zip Code  
32206

FEC ID number of contributing  
federal political committee.

**C** C00312785

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 18 2025

**Transaction ID : 17123**

Amount of Each Receipt this Period

2235.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**THE FARM CREDIT COUNCIL POLITICAL ACTION COMMITTEE**

**B.**

Mailing Address 50 F STREET NW  
SUITE 900

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00193631

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  
08 11 2025

**Transaction ID : 17242**

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**TOYOTA MOTOR NORTH AMERICA, INC POLITICAL ACTION COMMITTEE (TOYOTA/LEXUS PAC)**

**C.**

Mailing Address 325 7TH STREET, NW  
SUITE 1000

City  
WASHINGTON

State  
DC

Zip Code  
20004

FEC ID number of contributing  
federal political committee.

**C** C00542365

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  
07 30 2025

**Transaction ID : 17082**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

4735.00

**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 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
12	13a	13b	14
			15

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**TYSON FOODS INC POLITICAL ACTION COMMITTEE (TYPAC)****A.**

Mailing Address 1000 F ST. NW

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing  
federal political committee.**C** C00169821

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 30 2025

Transaction ID : 17146

Amount of Each Receipt this Period

1000.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

**VERIZON COMMUNICATIONS, INC. POLITICAL ACTION COMMITTEE (VERIZON PAC)**

Mailing Address 1300 I ST NW, STE 500 EAST

ATTN: TAYLOR CRAIG

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing  
federal political committee.**C** C00186288

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  
07 30 2025

Transaction ID : 17084

Amount of Each Receipt this Period

2000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

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

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

3000.00

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

52735.00

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

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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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. ADOBE SYSTEMS**

Mailing Address 345 PARK AVENUE

City  
SAN JOSEState  
CAZip Code  
95110Purpose of Disbursement  
COMPUTER SOFTWARE

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		1	0		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

19.99

Transaction ID : 17209

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP, LLC**

Mailing Address 1851 N RESLER DRIVE MS-600

City  
EL PASOState  
TXZip Code  
79912Purpose of Disbursement  
PAYROLL FEES

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	7		1	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

59.90

Transaction ID : 17156

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP, LLC**

Mailing Address 1851 N RESLER DRIVE MS-600

City  
EL PASOState  
TXZip Code  
79912Purpose of Disbursement  
PAYROLL FEES

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	7		2	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

55.14

Transaction ID : 17158

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

135.03

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. ADP, LLC**

Mailing Address 1851 N RESLER DRIVE MS-600

Date of Disbursement

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

City  
EL PASOState  
TXZip Code  
79912Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Category/  
Type

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:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

59.90

Transaction ID : 17163

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP, LLC**

Mailing Address 1851 N RESLER DRIVE MS-600

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		22		2025

City  
EL PASOState  
TXZip Code  
79912Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Category/  
Type

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:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

55.14

Transaction ID : 17165

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP, LLC**

Mailing Address 1851 N RESLER DRIVE MS-600

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		05		2025

City  
EL PASOState  
TXZip Code  
79912Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Category/  
Type

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:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

59.90

Transaction ID : 17170

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

174.94

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. ADP, LLC**

Mailing Address 1851 N RESLER DRIVE MS-600

Date of Disbursement

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

City  
EL PASOState  
TXZip Code  
79912

FEC Identification Number

**C**Purpose of Disbursement  
PAYROLL FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

55.14

Transaction ID : 17172

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		25		2025

City  
FORT WORTHState  
TXZip Code  
76155

FEC Identification Number

**C**Purpose of Disbursement  
TRAVEL EXPENSE - AIRFARE

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

527.96

Transaction ID : 17259

☒ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770

Date of Disbursement

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

City  
NEW ORLEANSState  
LAZip Code  
70112

FEC Identification Number

**C**Purpose of Disbursement  
MERCHANT FEES

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

10.30

Transaction ID : 17049

☐ Memo Item

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:

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

65.44

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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	7		1	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**200.30**

Transaction ID : 17050

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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	7		3	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**40.60**

Transaction ID : 17052

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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	6		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**4.30**

Transaction ID : 17055

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**245.20****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 39 OF 71

<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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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	8		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

12.60

Transaction ID : 17062

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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		1	0		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

28.90

Transaction ID : 17063

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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		1	4		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

14.60

Transaction ID : 17066

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

56.10

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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		1	6		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

20.60

Transaction ID : 17070

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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		2	0		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

22.60

Transaction ID : 17072

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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		2	8		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

140.30

Transaction ID : 17076

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

183.50

**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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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		0	3		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

142.90

Transaction ID : 17077

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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		1	3		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

20.30

Transaction ID : 17115

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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		1	9		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

60.30

Transaction ID : 17117

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

223.50

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. ANEDOT, INC**Mailing Address 1340 POYDRAS STREET  
SUITE 1770City  
NEW ORLEANSState  
LAZip Code  
70112Purpose of Disbursement  
MERCHANT FEES

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	7		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**130.90**

Transaction ID : 17121

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. BATH COUNTY ATHLETIC BOOSTER CLUB**

Mailing Address P.O. BOX 251

City  
WARM SPRINGSState  
VAZip Code  
24484Purpose of Disbursement  
ADVERTISING EXPENSE - PRINT

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		2	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**210.00**

Transaction ID : 17200

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. BUENA VISTA VOLUNTEER FIRE DEPARTMENT**

Mailing Address 2010 SYCAMORE AVENUE

City  
BUENA VISTAState  
VAZip Code  
24416Purpose of Disbursement  
STORAGE

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	7		0	2		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**100.00**

Transaction ID : 17178

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**440.90****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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. CASCADES CLUB**

Mailing Address 7696 SAM SNEAD HIGHWAY

City  
Hot SpringsState  
VAZip Code  
24445Purpose of Disbursement  
EVENT EXPENSE: FACILITY RENTAL/CATERING

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	7		1	7		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

704.00

Transaction ID : 17275

☒ Memo Item**B. CENTRAL MICHAEL RICHARD**

Mailing Address 1001 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
EVENT EXPENSE: CATERING

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	7		1	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1196.45

Transaction ID : 17264

☒ Memo Item**C. CHIKO CATERING**

Mailing Address 423 8TH STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
EVENT EXPENSE: CATERING

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	7		2	6		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

568.66

Transaction ID : 17273

☒ 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 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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. EMBROIDME/ASK LLC**

Mailing Address 7830 #402 BACKLICK ROAD

Date of Disbursement

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

City  
SPRINGFIELDState  
VAZip Code  
22150Purpose of Disbursement  
SUPPORTER GIFTS

Candidate Name

Category/  
Type

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:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

495.02

Transaction ID : 17274

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. FERDIES**

Mailing Address 28285 MILL CREEK DRIVE

Date of Disbursement

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

City  
COURTLANDState  
VAZip Code  
23837Purpose of Disbursement  
SUPPORTER GIFTS

Candidate Name

Category/  
Type

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:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

683.06

Transaction ID : 17271

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. FIRST STREET PLLC**Mailing Address 625 NORTH WASHINGTON STREET  
SUITE 325

Date of Disbursement

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

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
LEGAL SERVICES

Candidate Name

Category/  
Type

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:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

337.50

Transaction ID : 17279

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

337.50

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. GOOGLE INC.**

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

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

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

FEC Identification Number

**C**Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

113.56

Transaction ID : 17177

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. GOOGLE INC.**

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		01		2025

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

FEC Identification Number

**C**Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

126.03

Transaction ID : 17202

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. GOOGLE INC.**

Mailing Address 1600 AMPHITHEATRE PARKWAY

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		01		2025

City  
MOUNTAIN VIEWState  
CAZip Code  
94043

FEC Identification Number

**C**Purpose of Disbursement  
SUBSCRIPTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

130.40

Transaction ID : 17206

☐ Memo Item

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:

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

369.99

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. GUAPO'S RESTAURANT**

Mailing Address 8130 WISCONSIN AVE

City  
BETHESDAState  
MDZip Code  
20814Purpose of Disbursement  
EVENT EXPENSE: CATERING

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	7		1	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

2019.20

Transaction ID : 17283

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. HARPER, DAVID, , ,**Mailing Address 5233 KING ARTHUR CT  
APT 1City  
ROANOKEState  
VAZip Code  
24019Purpose of Disbursement  
EVENT EXPENSE: PARKING

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	7		0	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

225.00

Transaction ID : 17182

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOWELL, LINDA, , ,**

Mailing Address P.O. BOX 11852

City  
ROANOKEState  
VAZip Code  
24022Purpose of Disbursement  
EVENT EXPENSE: CATERING

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	7		0	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

225.00

Transaction ID : 17180

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

450.00

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. JOHNSON, GARY, , ,**

Mailing Address P.O. BOX 11852

City  
ROANOKEState  
VAZip Code  
24022Purpose of Disbursement  
EVENT EXPENSE: CATERING

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	7		0	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

225.00

Transaction ID : 17179

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. JW MARRIOTT MIAMI**

Mailing Address 1109 BRICKELL AVE

City  
MIAMIState  
FLZip Code  
33131Purpose of Disbursement  
TRAVEL EXPENSE - HOTEL

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	7		1	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1962.81

Transaction ID : 17277

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. LA COLLINA RESTAURANT**

Mailing Address 747 C STREET, SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
EVENT EXPENSE: CATERING

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	7		2	3		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

687.50

Transaction ID : 17269

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

225.00

**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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. LANDINI BROTHERS**

Mailing Address 113 KING STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
EVENT EXPENSE: CATERING

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1616.75

Transaction ID : 17267

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. LAURA BELL CONSULTING, INC.**

Mailing Address 40898 SPECTACULAR BID PLACE

City  
LEESBURGState  
VAZip Code  
20176Purpose of Disbursement  
FUNDRAISING CONSULTING

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

3500.00

Transaction ID : 17152

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LAURA BELL CONSULTING, INC.**

Mailing Address 40898 SPECTACULAR BID PLACE

City  
LEESBURGState  
VAZip Code  
20176Purpose of Disbursement  
MILEAGE REIMBURSEMENT

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:

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

324.10

Transaction ID : 17256

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

3824.10

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. LAURA BELL CONSULTING, INC.**

Mailing Address 40898 SPECTACULAR BID PLACE

City  
LEESBURGState  
VAZip Code  
20176Purpose of Disbursement  
EXPENSE REIMBURSEMENT: NONE ITEMIZED

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	7		2	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

492.83

Transaction ID : 17257

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LAURA BELL CONSULTING, INC.**

Mailing Address 40898 SPECTACULAR BID PLACE

City  
LEESBURGState  
VAZip Code  
20176Purpose of Disbursement  
EXPENSE REIMBURSEMENT: SEE ITEMIZATIONS

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	7		2	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1116.05

Transaction ID : 17258

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LAURA BELL CONSULTING, INC.**

Mailing Address 40898 SPECTACULAR BID PLACE

City  
LEESBURGState  
VAZip Code  
20176Purpose of Disbursement  
FUNDRAISING CONSULTING

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	7		3	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

3500.00

Transaction ID : 17159

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

5108.88

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. LAURA BELL CONSULTING, INC.**

Mailing Address 40898 SPECTACULAR BID PLACE

City  
LEESBURGState  
VAZip Code  
20176Purpose of Disbursement  
FUNDRAISING CONSULTING

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		2	8		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

3500.00

Transaction ID : 17166

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. LIB & AMY CATERING**

Mailing Address 402 2ND STREET, SW

City  
ROANOKEState  
VAZip Code  
24011Purpose of Disbursement  
EVENT EXPENSE: CATERING

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		1	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

3450.00

Transaction ID : 17191

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MURTAUGH, TIMOTHY, , ,**Mailing Address 19309 WINMEADE DRIVE  
#412City  
LANSDOWNEState  
VAZip Code  
20176Purpose of Disbursement  
MEDIA CONSULTING

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	7		1	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

5000.00

Transaction ID : 17157

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

11950.00

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. MURTAUGH, TIMOTHY, , ,**Mailing Address 19309 WINMEADE DRIVE  
#412City  
LANSDOWNEState  
VAZip Code  
20176Purpose of Disbursement  
MEDIA CONSULTING

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		1	4		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

5000.00

Transaction ID : 17164

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MURTAUGH, TIMOTHY, , ,**Mailing Address 19309 WINMEADE DRIVE  
#412City  
LANSDOWNEState  
VAZip Code  
20176Purpose of Disbursement  
MEDIA CONSULTING

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		1	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

5000.00

Transaction ID : 17171

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OMNI HOMESTEAD**

Mailing Address 1766 HOMESTEAD DRIVE

City  
HOT SPRINGSState  
VAZip Code  
24445Purpose of Disbursement  
EVENT EXPENSE: FACILITY RENTAL/CATERING

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	7		0	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

750.00

Transaction ID : 17265

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

10000.00

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. OMNI HOMESTEAD**

Mailing Address 1766 HOMESTEAD DRIVE

City  
HOT SPRINGSState  
VAZip Code  
24445Purpose of Disbursement  
EVENT EXPENSE: FACILITY RENTAL/CATERING

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	7		1	3		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

21479.39

Transaction ID : 17285

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. OSTERIA MORINI**

Mailing Address 301 WATER STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
EVENT EXPENSE: CATERING

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

863.50

Transaction ID : 17291

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. OTEY, RONALD, , ,**

Mailing Address 4307 GARST MILL RD

City  
ROANOKEState  
VAZip Code  
24018Purpose of Disbursement  
EVENT EXPENSE: PARKING

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	7		0	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

225.00

Transaction ID : 17183

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

225.00

**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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. OTEY, TIA, , ,**

Mailing Address 75 CHESTNUT MOUNTAIN RD

Date of Disbursement

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

City  
ROCKY MOUNTState  
VAZip Code  
24151

FEC Identification Number

**C**Purpose of Disbursement  
EVENT EXPENSE: PARKING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**225.00****Transaction ID : 17184**☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. PANERA**

Mailing Address 1300 PENNSYLVANIA AVE NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2025

City  
WASHINGTONState  
DCZip Code  
20004

FEC Identification Number

**C**Purpose of Disbursement  
EVENT EXPENSE: CATERING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**335.28****Transaction ID : 17287**☒ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. PETER MILLAR LLC**

Mailing Address 1002 TWIN CREEKS COURT

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		08		2025

City  
DURHAMState  
NCZip Code  
27703

FEC Identification Number

**C**Purpose of Disbursement  
SUPPORTER GIFTS

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

**5095.62****Transaction ID : 17270**☒ Memo Item

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:

**SUBTOTAL** of Disbursements This Page (optional).....▶**225.00****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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. POLITICAL COMPLIANCE SERVICES, INC.**

Mailing Address 912 SAINT MICHAEL DRIVE

City  
GAMBRILLSState  
MDZip Code  
21054Purpose of Disbursement  
COMPLIANCE CONSULTING

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	7		0	2		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1900.00

Transaction ID : 17153

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. POLITICAL COMPLIANCE SERVICES, INC.**

Mailing Address 912 SAINT MICHAEL DRIVE

City  
GAMBRILLSState  
MDZip Code  
21054Purpose of Disbursement  
COMPLIANCE CONSULTING

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	7		3	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1900.00

Transaction ID : 17160

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. POLITICAL COMPLIANCE SERVICES, INC.**

Mailing Address 912 SAINT MICHAEL DRIVE

City  
GAMBRILLSState  
MDZip Code  
21054Purpose of Disbursement  
COMPLIANCE CONSULTING

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		2	8		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1900.00

Transaction ID : 17167

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

5700.00

**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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. REPUBLICAN WOMEN OF HARRISONBURG AND ROCKINGHAM COUNTY**

Mailing Address PO BOX 755

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		07		2025

City  
HARRISONBURGState  
VAZip Code  
22803

FEC Identification Number

**C**Purpose of Disbursement  
EVENT SPONSORSHIP

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

300.00

Transaction ID : 17190

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. ROANOKE COUNTY REPUBLICAN COMMITTEE**

Mailing Address P.O. BOX 20505

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		28		2025

City  
ROANOKEState  
VAZip Code  
24018

FEC Identification Number

**C**Purpose of Disbursement  
EVENT SPONSORSHIP

Candidate Name

ROANOKE COUNTY REPUBLICAN COMMITTEE

Category/  
Type

Amount of Each Disbursement this Period

500.00

Transaction ID : 17201

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. SCHNEIDER'S OF CAPITOL HILL**

Mailing Address 300 MASSACHUSETTS AVE, NE

Date of Disbursement

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

City  
WASHINGTONState  
DCZip Code  
20002

FEC Identification Number

**C**Purpose of Disbursement  
EVENT EXPENSE: CATERING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

310.37

Transaction ID : 17284

☒ Memo Item

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:

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

800.00

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. SCHNEIDER'S OF CAPITOL HILL**

Mailing Address 300 MASSACHUSETTS AVE, NE

City  
WASHINGTONState  
DCZip Code  
20002Purpose of Disbursement  
EVENT EXPENSE: CATERING

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	6		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

241.01

Transaction ID : 17272

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. SONOMA DC**

Mailing Address 223 PENNSYLVANIA AVE SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
EVENT EXPENSE: CATERING

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		2	3		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1014.75

Transaction ID : 17268

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC PARTNERS & MEDIA LLC**

Mailing Address 1851A MCGUCKIAN ST

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
DIGITAL CONSULTING

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		0	2		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

2500.00

Transaction ID : 17154

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

2500.00

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC PARTNERS & MEDIA LLC**

Mailing Address 1851A MCGUCKIAN ST

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
DIGITAL FUNDRAISING FEES

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	7		0	7		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**727.00**

Transaction ID : 17185

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRATEGIC PARTNERS & MEDIA LLC**

Mailing Address 1851A MCGUCKIAN ST

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
DIGITAL FUNDRAISING FEES

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	7		1	6		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**727.00**

Transaction ID : 17188

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC PARTNERS & MEDIA LLC**

Mailing Address 1851A MCGUCKIAN ST

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
DIGITAL CONSULTING

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	7		3	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

**2500.00**

Transaction ID : 17161

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**3954.00****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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC PARTNERS & MEDIA LLC**

Mailing Address 1851A MCGUCKIAN ST

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
DIGITAL CONSULTING

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		2	8		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

2500.00

Transaction ID : 17168

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. STRATEGIC PARTNERS & MEDIA LLC**

Mailing Address 1851A MCGUCKIAN ST

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
DIGITAL FUNDRAISING FEES

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		0	2		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

727.00

Transaction ID : 17207

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. STRATEGIC PARTNERS & MEDIA LLC**

Mailing Address 1851A MCGUCKIAN ST

City  
ANNAPOLISState  
MDZip Code  
21401Purpose of Disbursement  
DIGITAL FUNDRAISING FEES

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	3		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

727.00

Transaction ID : 17211

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

3954.00

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. THE CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
EVENT EXPENSE: CATERING

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	7		0	9		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

991.70

Transaction ID : 17266

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE NW

City  
WASHINGTONState  
DCZip Code  
20004Purpose of Disbursement  
EVENT EXPENSE: CATERING

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	7		2	3		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

521.95

Transaction ID : 17282

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
EVENT EXPENSE: FACILITY RENTAL/CATERING

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	7		0	7		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

3148.96

Transaction ID : 17186

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

3148.96

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. THE CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
EVENT EXPENSE: FACILITY RENTAL/CATERING

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		2	3		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1427.91

Transaction ID : 17276

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE CAPITOL HILL CLUB**

Mailing Address 300 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
EVENT EXPENSE: FACILITY RENTAL/CATERING

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	8		2	2		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

436.94

Transaction ID : 17286

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE CINCINNATI INSURANCE COMPANY**

Mailing Address P.O. BOX 145620

City  
CINCINNATIState  
OHZip Code  
45250Purpose of Disbursement  
INSURANCE

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		1	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

652.00

Transaction ID : 17205

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

652.00

**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)

PAGE 62 OF 71

<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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. THE RITZ-CARLTON KEY BISCAVNE**

Mailing Address 455 GRAND BAY DR

Date of Disbursement

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

City  
MIAMIState  
FLZip Code  
33149

FEC Identification Number

**C**Purpose of Disbursement  
TRAVEL EXPENSE - HOTEL

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1244.31

Transaction ID : 17278

☒ Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. THE STANTON GROUP, LLC**

Mailing Address 3410 ALABAMA AVE

Date of Disbursement

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

City  
ALEXANDRIAState  
VAZip Code  
22305

FEC Identification Number

**C**Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

3000.00

Transaction ID : 17155

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. THE STANTON GROUP, LLC**

Mailing Address 3410 ALABAMA AVE

Date of Disbursement

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

City  
ALEXANDRIAState  
VAZip Code  
22305

FEC Identification Number

**C**Purpose of Disbursement  
EXPENSE REIMBURSEMENT: NONE ITEMIZED

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1437.51

Transaction ID : 17262

☐ Memo Item

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:

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

4437.51

**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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. THE STANTON GROUP, LLC**

Mailing Address 3410 ALABAMA AVE

City  
ALEXANDRIAState  
VAZip Code  
22305Purpose of Disbursement  
EXPENSE REIMBURSEMENT: SEE ITEMIZATIONS

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	7		2	3		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

18679.55

Transaction ID : 17263

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE STANTON GROUP, LLC**

Mailing Address 3410 ALABAMA AVE

City  
ALEXANDRIAState  
VAZip Code  
22305Purpose of Disbursement  
FUNDRAISING CONSULTING

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	7		3	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

3000.00

Transaction ID : 17162

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE STANTON GROUP, LLC**

Mailing Address 3410 ALABAMA AVE

City  
ALEXANDRIAState  
VAZip Code  
22305Purpose of Disbursement  
EXPENSE REIMBURSEMENT: NONE ITEMIZED

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		2	2		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

993.63

Transaction ID : 17280

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

22673.18

**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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. THE STANTON GROUP, LLC**

Mailing Address 3410 ALABAMA AVE

City  
ALEXANDRIAState  
VAZip Code  
22305Purpose of Disbursement  
EXPENSE REIMBURSEMENT: SEE ITEMIZATIONS

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		2	2		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

25103.13

Transaction ID : 17281

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. THE STANTON GROUP, LLC**

Mailing Address 3410 ALABAMA AVE

City  
ALEXANDRIAState  
VAZip Code  
22305Purpose of Disbursement  
FUNDRAISING CONSULTING

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		2	8		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

3000.00

Transaction ID : 17169

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. THE STANTON GROUP, LLC**

Mailing Address 3410 ALABAMA AVE

City  
ALEXANDRIAState  
VAZip Code  
22305Purpose of Disbursement  
EXPENSE REIMBURSEMENT: NONE ITEMIZED

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	9		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

347.96

Transaction ID : 17289

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

28451.09

**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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. THE STANTON GROUP, LLC**

Mailing Address 3410 ALABAMA AVE

City  
ALEXANDRIAState  
VAZip Code  
22305Purpose of Disbursement  
EXPENSE REIMBURSEMENT: SEE ITEMIZATIONS

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:

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

863.50

Transaction ID : 17290

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. UBER**Mailing Address 1455 MARKET STREET  
#400City  
SAN FRANCISCOState  
CAZip Code  
94103Purpose of Disbursement  
TRAVEL EXPENSE - UBER

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:

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

320.09

Transaction ID : 17260

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. UNITED STATES POSTAL SERVICE**

Mailing Address 25 CATOCTIN CIR SE

City  
LEESBURGState  
VAZip Code  
20175Purpose of Disbursement  
POST OFFICE BOX RENEWAL

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:

Category/  
Type

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

268.00

Transaction ID : 17261

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

863.50

**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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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	7		0	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1.97

Transaction ID : 17220

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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	7		0	9		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1.18

Transaction ID : 17221

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1.97

Transaction ID : 17222

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

5.12

**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
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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	9		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1.18

Transaction ID : 17223

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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		0	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1.97

Transaction ID : 17224

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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		0	9		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1.18

Transaction ID : 17225

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

4.33

**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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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		1	8		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

19.70

Transaction ID : 17226

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES LLC**Mailing Address 1776 WILSON BLVD  
SUITE 530City  
ARLINGTONState  
VAZip Code  
22219Purpose of Disbursement  
CREDIT CARD PROCESSING FEES

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	5		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

19.70

Transaction ID : 17227

☐ 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).....▶

39.40

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

111848.17

**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 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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. BILL WILEY FOR DELEGATE**

Mailing Address P.O. BOX 2034

City  
WINCHESTERState  
VAZip Code  
22604Purpose of Disbursement  
STATE CANDIDATE POLITICAL CONTRIBUTION

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	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1000.00

Transaction ID : 17193

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CHRIS RUNION FOR DELEGATE**

Mailing Address P.O. BOX 202

City  
BRIDGEWATERState  
VAZip Code  
22812Purpose of Disbursement  
STATE CANDIDATE POLITICAL CONTRIBUTION

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	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1000.00

Transaction ID : 17197

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DELORES OATES FOR DELEGATE**Mailing Address 424 A SOUTH STREET  
BOX 230City  
FRONT ROYALState  
VAZip Code  
22630Purpose of Disbursement  
STATE CANDIDATE POLITICAL CONTRIBUTION

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	1		2	0	2	5

FEC Identification Number

**C**

Amount of Each Disbursement this Period

1000.00

Transaction ID : 17192

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

3000.00

**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 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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. ELLEN CAMPBELL FOR DELEGATE**

Mailing Address P.O. BOX 366

Date of Disbursement

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

City  
FAIRFIELDState  
VAZip Code  
24435

FEC Identification Number

**C**Purpose of Disbursement  
STATE CANDIDATE POLITICAL CONTRIBUTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : 17196

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**B. JUSTIN PENCE FOR DELEGATE**

Mailing Address P.O. BOX 373

Date of Disbursement

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

City  
EDINBURGState  
VAZip Code  
22824

FEC Identification Number

**C**Purpose of Disbursement  
STATE CANDIDATE POLITICAL CONTRIBUTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : 17199

☐ Memo Item

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:

Full Name (Last, First, Middle Initial)

**C. MCNAMARA FOR DELEGATE**

Mailing Address P.O. BOX 21094

Date of Disbursement

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

City  
ROANOKEState  
VAZip Code  
24018

FEC Identification Number

**C**Purpose of Disbursement  
STATE CANDIDATE POLITICAL CONTRIBUTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : 17194

☐ Memo Item

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:

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

3000.00

**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 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)

**BEN CLINE FOR CONGRESS, INC.**

Full Name (Last, First, Middle Initial)

**A. TERRY L AUSTIN FOR HOUSE OF DELEGATES**

Mailing Address P.O. BOX 398

Date of Disbursement

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

City  
BUCHANANState  
VAZip Code  
24066

FEC Identification Number

**C**Purpose of Disbursement  
STATE CANDIDATE POLITICAL CONTRIBUTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : 17195

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. VAN FOR TENNESSEE**

Mailing Address PO BOX 541

Date of Disbursement

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

City  
GALLATINState  
TNZip Code  
37066

FEC Identification Number

**C** C00909838Purpose of Disbursement  
POLITICAL CONTRIBUTION

Candidate Name

HILLEARY, WILLIAM, V., ,

Category/  
Type

Amount of Each Disbursement this Period

2000.00

Transaction ID : 17288

☐ Memo Item

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN

District: 06

Full Name (Last, First, Middle Initial)

**C. WILT FOR DELEGATE**

Mailing Address P.O. BOX 1425

Date of Disbursement

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

City  
HARRISONBURGState  
VAZip Code  
22803

FEC Identification Number

**C**Purpose of Disbursement  
STATE CANDIDATE POLITICAL CONTRIBUTION

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : 17198

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

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

4000.00

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

10000.00