

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

KARL FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2025 To: M M / D D / Y Y Y Y 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))	27663.26	29836.78
(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))	27663.26	29836.78
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	25992.19	28165.71
(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))	25992.19	28165.71
8. Cash on Hand at Close of Reporting Period (from Line 27)	11671.07	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	10000.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

KARL FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y
07 / 01 / 2025 To: M M / D D / Y Y Y Y
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).....	500.00	500.00
(ii) Unitemized.....	2002.00	2002.00
(iii) TOTAL of contributions from individuals ▶	2502.00	2502.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	25161.26	27334.78
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	27663.26	29836.78
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10000.00	10000.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10000.00	10000.00
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)..... ▶	37663.26	39836.78

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.....	25992.19	28165.71
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	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	25992.19	28165.71

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37663.26
25. SUBTOTAL (add Line 23 and Line 24).....	37663.26
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	25992.19
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	11671.07

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 10
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
KARL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Travers, Courtney, , ,

Mailing Address 269 Juanita Court

City Levittown State PA Zip Code 19057

FEC ID number of contributing federal political committee. C

Name of Employer Orrstown Bank Occupation IT Governance

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 / 16 / 2025

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
500.00

Memo Item

B. 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 Y

Amount of Each Receipt this Period

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 Y

Amount of Each Receipt this Period

Memo Item

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

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

500.00

500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 10	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input checked="" type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
KARL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Morris, Karl, , Dr.,

Mailing Address 8115 Rugby St

City Philadelphia	State PA	Zip Code 19150
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FEC ID number of contributing federal political committee. **C** H6PA03211

Name of Employer Temple University	Occupation Professor
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2234.78

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 08 / 2025

Transaction ID : SA11D.4200

Amount of Each Receipt this Period
61.26

Memo Item
In-kind - NFC ID Double Sided - No Hole Punch 10

B. Full Name (Last, First, Middle Initial)
Morris, Karl, , Dr.,

Mailing Address 8115 Rugby St

City Philadelphia	State PA	Zip Code 19150
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FEC ID number of contributing federal political committee. **C** H6PA03211

Name of Employer Temple University	Occupation Professor
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
2334.78

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 30 / 2025

Transaction ID : SA11D.4099

Amount of Each Receipt this Period
100.00

Memo Item

C. Full Name (Last, First, Middle Initial)
Morris, Karl, , Dr.,

Mailing Address 8115 Rugby St

City Philadelphia	State PA	Zip Code 19150
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FEC ID number of contributing federal political committee. **C** H6PA03211

Name of Employer Temple University	Occupation Professor
---------------------------------------	-------------------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
27334.78

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 01 / 2025

Transaction ID : SA11D.4104

Amount of Each Receipt this Period
25000.00

Memo Item
In-kind - Website, database, and app development

SUBTOTAL of Receipts This Page (optional)..... ▶	25161.26
TOTAL This Period (last page this line number only)..... ▶	25161.26

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 OF 10
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
KARL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Morris, Karl, , Dr.,

Mailing Address 8115 Rugby St

City Philadelphia State PA Zip Code 19150

FEC ID number of contributing federal political committee. **C** H6PA03211

Name of Employer Temple University Occupation Professor

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
37334.78

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 26 / 2025

Transaction ID : SA13A.4100

Amount of Each Receipt this Period
10000.00

Memo Item

B. 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 Y

Amount of Each Receipt this Period

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 Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10000.00
TOTAL This Period (last page this line number only).....▶	10000.00

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KARL FOR CONGRESS

A. Allens Lane Art Center

Full Name (Last, First, Middle Initial)
Mailing Address 601 W Allens Ln

City Philadelphia State PA Zip Code 19119

Purpose of Disbursement
RENTAL-0001 - FACILITY RENTAL CHARGE FOR 9/24/25, 4:00 PM TO 8:00 PM AT STUDIO 4

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 09 / 15 / 2025

FEC Identification Number: C

Amount of Each Disbursement this Period: 300.00

Transaction ID : SB17.4233

Memo Item

B. Morris, Karl, , Dr.,

Full Name (Last, First, Middle Initial)
Mailing Address 8115 Rugby St

City Philadelphia State PA Zip Code 19150

Purpose of Disbursement
In-kind - NFC ID Double Sided - No Hole Punch 10

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: PA District: 03

Date of Disbursement: 07 / 08 / 2025

FEC Identification Number: C H6PA03211

Amount of Each Disbursement this Period: 61.26

Transaction ID : SB17.4219

Memo Item

C. Morris, Karl, , Dr.,

Full Name (Last, First, Middle Initial)
Mailing Address 8115 Rugby St

City Philadelphia State PA Zip Code 19150

Purpose of Disbursement
In-kind - Website, database, and app development

Candidate Name

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: PA District: 03

Date of Disbursement: 08 / 01 / 2025

FEC Identification Number: C H6PA03211

Amount of Each Disbursement this Period: 25000.00

Transaction ID : SB17.4105

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶ 25361.26

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 Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 10	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
KARL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wawa			Date of Disbursement M M / D D / Y Y Y Y 09 / 24 / 2025	
Mailing Address 7236 Germantown Ave			FEC Identification Number C	
City Philadelphia	State PA	Zip Code 19119	Amount of Each Disbursement this Period 280.76	
Purpose of Disbursement Party food		Category/ Type	Transaction ID : SB17.4235	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
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:				

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	<input type="checkbox"/> Memo Item	
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:				

SUBTOTAL of Disbursements This Page (optional).....▶	280.76
TOTAL This Period (last page this line number only).....▶	25642.02

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **KARL FOR CONGRESS** Transaction ID : **SC/10.4100**

LOAN SOURCE Full Name (Last, First, Middle Initial)			<input type="checkbox"/> Memo Item	Election: 2026
Morris, Karl, , Dr.,				<input checked="" type="checkbox"/> Primary
Mailing Address 8115 Rugby St				<input type="checkbox"/> General
City Philadelphia			State PA	ZIP Code 19150
				<input checked="" type="checkbox"/> Personal Funds of the Candidate
Original Amount of Loan			Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00			0.00	10000.00

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	09 / 26 / 2025	11/03/2026	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional).....▶	10000.00
TOTALS This Period (last page in this line only).....▶	10000.00

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