

Political Organization Report of Contributions and Expenditures

▶ See separate instructions.

A For the period beginning 12/01/2025 **and ending** 12/31/2025

B Check applicable box: Initial report Change of address Amended report Final report

1 Name of organization End Citizens United Nonfederal **Employer identification number** 81 - 0870857

2 Mailing address (P.O. box or number, street, and room or suite number)

PO Box 66005

City or town, state, and ZIP code

Washington , DC 20035

3 E-mail address of organization:

compliance@endcitizensunited.org

4 Date organization was formed:

12/30/2015

5a Name of custodian of records

Kimberly Coleman

5b Custodian's address

PO Box 66005

Washington , DC 20035

6a Name of contact person

Mark Andrews

6b Contact person's address

PO Box 66005

Washington , DC 20035

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

PO Box 66005

City or town, state, and ZIP code

Washington , DC 20035

8 Type of report (check only one box)

First quarterly report

(due by April 15)

Second quarterly report

(due by July 15)

Third quarterly report

(due by October 15)

Year-end report

(due by January 31)

Mid-year report (Non-election

year only-due by July 31)

Monthly report for the month of: December

(due by the 20th day following the month shown above, except the December report, which is due by January 31)

Pre-election report (due by the 12th or 15th day before the election)

(1) Type of election:

(2) Date of election:

(3) For the state of:

Post-general election report (due by the 30th day after general election)

(1) Date of election:

(2) For the state of:

Schedule A Itemized Contributions

Schedule A

Contributor's name, mailing address and ZIP code

Aggregate below Threshold
PO Box 66005
Washington , DC 20035

Name of contributor's employer

NA

Contributor's occupation

NA

Aggregate contributions year-to-date

\$ 184436

Amount of contribution

\$ 184436

Date of contribution

12/31/2025

Schedule B Itemized Expenditures

Schedule B

Recipient's name, mailing address and ZIP codeAggregate below Threshold
PO Box 66005
Washington , DC 20035**Name of recipient's employer**

NA

Recipients's occupation

NA

Amount of Expenditure

\$ 174289

Date of expenditure

12/31/2025

Purpose of expenditure

Aggregate below Threshold

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Kimberly Coleman

01/31/2026

**Sign
Here**



Signature of authorized official



Date
