

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.
Adam Hollier for Congress

ADDRESS (number and street)
Check if different than previously reported. (ACC)

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER** ▼
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
STATE ▼ DISTRICT

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 in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period through

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 Fay, Evan Bryce, , ,
Signature of Treasurer *Fay, Evan Bryce, , ,* Date

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

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Adam Hollier for Congress

Report Covering the Period: From: / / To: / /

	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))....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text" value="75640.37"/>	<input type="text" value="75739.62"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="75640.37"/>	<input type="text" value="75739.62"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text" value="122532.95"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

Adam Hollier for Congress

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2025 To: MM / DD / YYYY 03 / 31 / 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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
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)..... ▶	0.00	0.00

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.....	75640.37	75739.62
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) ►	75640.37	75739.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	198173.32
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	198173.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	75640.37
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	122532.95

**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 5 OF 10			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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)
Adam Hollier for Congress

Full Name (Last, First, Middle Initial) A. Blue Lotus Strategies		Date of Disbursement MM / DD / YYYY 03 / 31 / 2025
Mailing Address 36 Mclean St		FEC Identification Number C
City Detroit	State MI	Zip Code 48203-3308
Purpose of Disbursement Strategy Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500331848
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Dykema Gossett PLLC		Date of Disbursement MM / DD / YYYY 03 / 25 / 2025
Mailing Address 201 Townsend St Ste 900		FEC Identification Number C
City Lansing	State MI	Zip Code 48933-1529
Purpose of Disbursement Legal Fees	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 15313.55	
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) ▼	Transaction ID : 500331849
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. KG LLC		Date of Disbursement MM / DD / YYYY 02 / 13 / 2025
Mailing Address 880 P St NW		FEC Identification Number C
City Washington	State DC	Zip Code 20001-3541
Purpose of Disbursement Compliance Consulting	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 5500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500331850
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	25813.55
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 6 OF 10			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)
Adam Hollier for Congress

Full Name (Last, First, Middle Initial) A. NGP Van		Date of Disbursement MM / DD / YYYY 01 / 10 / 2025
Mailing Address 1101 15TH St NW Ste 500		FEC Identification Number C
City Washington Post	State DC	Zip Code 20036
Purpose of Disbursement Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1050.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500331851
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NGP Van		Date of Disbursement MM / DD / YYYY 02 / 05 / 2025
Mailing Address 1101 15TH St NW Ste 500		FEC Identification Number C
City Washington Post	State DC	Zip Code 20036
Purpose of Disbursement Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2151.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500331852
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NGP Van		Date of Disbursement MM / DD / YYYY 02 / 05 / 2025
Mailing Address 1101 15TH St NW Ste 500		FEC Identification Number C
City Washington Post	State DC	Zip Code 20036
Purpose of Disbursement Software	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 2151.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500331853
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5352.00
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 Page	FOR LINE NUMBER: (check only one)	PAGE 7 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)
Adam Hollier for Congress

Full Name (Last, First, Middle Initial) A. NGP Van		Date of Disbursement MM / DD / YYYY 02 / 05 / 2025
Mailing Address 1101 15TH St NW Ste 500		FEC Identification Number C
City Washington Post	State DC	Zip Code 20036
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 525.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500331854
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. NGP Van		Date of Disbursement MM / DD / YYYY 02 / 05 / 2025
Mailing Address 1101 15TH St NW Ste 500		FEC Identification Number C
City Washington Post	State DC	Zip Code 20036
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 4302.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500331855
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. NGP Van		Date of Disbursement MM / DD / YYYY 02 / 05 / 2025
Mailing Address 1101 15TH St NW Ste 500		FEC Identification Number C
City Washington Post	State DC	Zip Code 20036
Purpose of Disbursement Software	Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 525.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : 500331856
State: District:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	5352.00
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 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)
Adam Hollier for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. PNC Bank		M M / D D / Y Y Y Y 01 / 10 / 2025	
Mailing Address 120 N Washington Sq Ste 100		FEC Identification Number	
City Lansing	State MI	Zip Code 48933-1609	C
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period	
Candidate Name		55.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : 500331857	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: _____	District: _____		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. PNC Bank		M M / D D / Y Y Y Y 02 / 03 / 2025	
Mailing Address 120 N Washington Sq Ste 100		FEC Identification Number	
City Lansing	State MI	Zip Code 48933-1609	C
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period	
Candidate Name		55.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : 500331858	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: _____	District: _____		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. PNC Bank		M M / D D / Y Y Y Y 03 / 03 / 2025	
Mailing Address 120 N Washington Sq Ste 100		FEC Identification Number	
City Lansing	State MI	Zip Code 48933-1609	C
Purpose of Disbursement Bank Fees		Amount of Each Disbursement this Period	
Candidate Name		75.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Transaction ID : 500331859	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item	
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	185.00
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 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)
Adam Hollier for Congress

Full Name (Last, First, Middle Initial) A. The Miller Law Group		Date of Disbursement MM / DD / YYYY 03 / 31 / 2025
Mailing Address 950 W University Dr Ste 300		FEC Identification Number C
City Rochester	State MI	Zip Code 48307-1887
Purpose of Disbursement Legal Fees		Amount of Each Disbursement this Period 24500.00
Candidate Name		Transaction ID : 500331860
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Tiller, Edith, , ,		Date of Disbursement MM / DD / YYYY 01 / 27 / 2025
Mailing Address 2415 Union Hill Rd		FEC Identification Number C
City Goodlettsville	State TN	Zip Code 37072-9565
Purpose of Disbursement Strategy Consulting		Amount of Each Disbursement this Period 3299.94
Candidate Name		Transaction ID : 500331861
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Tiller, Edith, , ,		Date of Disbursement MM / DD / YYYY 02 / 11 / 2025
Mailing Address 2415 Union Hill Rd		FEC Identification Number C
City Goodlettsville	State TN	Zip Code 37072-9565
Purpose of Disbursement Strategy Consulting		Amount of Each Disbursement this Period 2200.76
Candidate Name		Transaction ID : 500331862
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) ▼	<input type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	30000.70
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 10 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)
Adam Hollier for Congress

Full Name (Last, First, Middle Initial) A. Tiller, Edith, , ,			Date of Disbursement MM / DD / YYYY 02 / 28 / 2025		
Mailing Address 2415 Union Hill Rd			FEC Identification Number C		
City Goodlettsville	State TN	Zip Code 37072-9565	Amount of Each Disbursement this Period 3299.94		
Purpose of Disbursement Strategy Consulting		Category/ Type	Transaction ID : 500331863		
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. Tiller, Edith, , ,			Date of Disbursement MM / DD / YYYY 03 / 14 / 2025		
Mailing Address 2415 Union Hill Rd			FEC Identification Number C		
City Goodlettsville	State TN	Zip Code 37072-9565	Amount of Each Disbursement this Period 2200.76		
Purpose of Disbursement Strategy Consulting		Category/ Type	Transaction ID : 500331864		
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) C. Tiller, Edith, , ,			Date of Disbursement MM / DD / YYYY 03 / 31 / 2025		
Mailing Address 2415 Union Hill Rd			FEC Identification Number C		
City Goodlettsville	State TN	Zip Code 37072-9565	Amount of Each Disbursement this Period 3299.94		
Purpose of Disbursement Strategy Consulting		Category/ Type	Transaction ID : 500331865		
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:					

SUBTOTAL of Disbursements This Page (optional).....▶	8800.64
TOTAL This Period (last page this line number only).....▶	75503.89