

# 48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

|                                                                                                                                                                             |                    |                               |                                                             |                                                       |                                                  |                         |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------------------------------------------|-------------------------------------------------------|--------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>1. NAME OF COMMITTEE IN FULL</b><br>Cleo Fields for Congress                                                                                                             |                    |                               |                                                             |                                                       |                                                  |                         |                                                                                                             |
| <b>ADDRESS</b> (number and street) 2147 GOVERNMENT ST                                                                                                                       |                    |                               |                                                             |                                                       |                                                  |                         |                                                                                                             |
| <b>CITY</b><br>BATON ROUGE                                                                                                                                                  | <b>STATE</b><br>LA | <b>ZIP CODE</b><br>70806      |                                                             |                                                       |                                                  |                         |                                                                                                             |
| <b>2. NAME OF CANDIDATE</b><br>Fields, Cleo, , ,                                                                                                                            |                    |                               | <b>3. OFFICE SOUGHT</b> (State and District)<br>House LA 06 |                                                       | <b>4. FEC IDENTIFICATION NUMBER</b><br>C00868513 |                         |                                                                                                             |
| <b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____ |                    |                               |                                                             |                                                       |                                                  |                         |                                                                                                             |
| <b>A. FULL NAME</b><br>Alvendia, Kelly, And Demarest LLC                                                                                                                    |                    |                               |                                                             | Name of Employer                                      |                                                  | Date (month, day, year) | Amount                                                                                                      |
| <b>MAILING ADDRESS</b><br>909 Poydras St                                                                                                                                    |                    |                               |                                                             | Transaction ID : 5728610                              |                                                  | 10/28/2024              | 5000.00                                                                                                     |
| <b>CITY</b><br>New Orleans                                                                                                                                                  | <b>STATE</b><br>LA | <b>ZIP CODE</b><br>70112-4000 | Occupation                                                  |                                                       |                                                  |                         |                                                                                                             |
| <b>B. FULL NAME</b><br>Alvendia, Roderick, , ,                                                                                                                              |                    |                               |                                                             | Name of Employer<br>Alvendia, Kelly, And Demarest LLC |                                                  | Date (month, day, year) | Amount                                                                                                      |
| <b>MAILING ADDRESS</b><br>909 Poydras St                                                                                                                                    |                    |                               |                                                             | Transaction ID : 5729557                              |                                                  | 10/28/2024              | 5000.00                                                                                                     |
| <b>CITY</b><br>New Orleans                                                                                                                                                  | <b>STATE</b><br>LA | <b>ZIP CODE</b><br>70112-4000 | Occupation<br>Owner                                         |                                                       |                                                  |                         |                                                                                                             |
| <b>C. FULL NAME</b><br>Cox, Johnny, , ,                                                                                                                                     |                    |                               |                                                             | Name of Employer<br>Not Employed                      |                                                  | Date (month, day, year) | Amount                                                                                                      |
| <b>MAILING ADDRESS</b><br>860 Washington St                                                                                                                                 |                    |                               |                                                             | Transaction ID : 5728599                              |                                                  | 10/28/2024              | 3300.00                                                                                                     |
| <b>CITY</b><br>Natchitoches                                                                                                                                                 | <b>STATE</b><br>LA | <b>ZIP CODE</b><br>71457-4728 | Occupation<br>Not Employed                                  |                                                       |                                                  |                         |                                                                                                             |
| <b>D. FULL NAME</b><br>Cox, Valerie, , ,                                                                                                                                    |                    |                               |                                                             | Name of Employer<br>Not Employed                      |                                                  | Date (month, day, year) | Amount                                                                                                      |
| <b>MAILING ADDRESS</b><br>860 Washington St                                                                                                                                 |                    |                               |                                                             | Transaction ID : 5728598                              |                                                  | 10/28/2024              | 3300.00                                                                                                     |
| <b>CITY</b><br>Natchitoches                                                                                                                                                 | <b>STATE</b><br>LA | <b>ZIP CODE</b><br>71457-4728 | Occupation<br>Not Employed                                  |                                                       |                                                  |                         |                                                                                                             |
| <b>E. FULL NAME</b><br>El-Amm & Associates                                                                                                                                  |                    |                               |                                                             | Name of Employer                                      |                                                  | Date (month, day, year) | Amount                                                                                                      |
| <b>MAILING ADDRESS</b><br>1201 Governor Mccalls                                                                                                                             |                    |                               |                                                             | Transaction ID : 5728611                              |                                                  | 10/28/2024              | 1500.00                                                                                                     |
| <b>CITY</b><br>New Orleans                                                                                                                                                  | <b>STATE</b><br>LA | <b>ZIP CODE</b><br>70116      | Occupation                                                  |                                                       |                                                  |                         |                                                                                                             |
| <b>SIGNATURE (optional)</b><br>Jackson, Sue, , ,                                                                                                                            |                    |                               |                                                             |                                                       | <b>DATE</b><br>10/29/2024                        |                         | For further information,<br>contact the Federal Election Commission<br>at 800-424-9530 or visit www.fec.gov |

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Any information copied from reports and statements filed under the Federal Election Campaign Act 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.

**FEC FORM 6**  
(Revised 03/2016)

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| 1. NAME OF COMMITTEE IN FULL<br>Cleo Fields for Congress                                                                                                                |                                                      | continuation page                                                                                                                |                                                            |
| ADDRESS (number and street) 2147 GOVERNMENT ST                                                                                                                          |                                                      |                                                                                                                                  |                                                            |
| CITY, STATE, and ZIP CODE<br>BATON ROUGE LA 70806                                                                                                                       |                                                      |                                                                                                                                  |                                                            |
| 2. NAME OF CANDIDATE<br>Fields, Cleo, , ,                                                                                                                               | 3. OFFICE SOUGHT (State and District)<br>House LA 06 | 4. FEC IDENTIFICATION NUMBER<br>C00868513                                                                                        |                                                            |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |                                                      |                                                                                                                                  |                                                            |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Elamo, Unek, , ,<br>1201 Governor Mccalls<br>New Orleans LA 70116                                                         |                                                      | Name of Employer<br>El-Amm & Associates<br>Transaction ID : 5729558<br>Occupation<br>Owner                                       | Date (month, day, year)<br>10/28/2024<br>Amount<br>1500.00 |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Kelley, Danielle, , ,<br>19121 Point O Woods Ct<br>Baton Rouge LA 70809-6718                                              |                                                      | Name of Employer<br>Director -Jump Start Your Heart, Inc.<br>Transaction ID : 5728003<br>Occupation<br>Family Nurse Practitioner | Date (month, day, year)<br>10/28/2024<br>Amount<br>1000.00 |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>McCraney, Percy, , ,<br>3125 Logan St<br>Shreveport LA 71103-2041                                                         |                                                      | Name of Employer<br>Not Employed<br>Transaction ID : 5728600<br>Occupation<br>Not Employed                                       | Date (month, day, year)<br>10/28/2024<br>Amount<br>1000.00 |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>NEA FUND FOR CHILDREN AND PUBLIC EDUCATION<br>1201 16Th St NW<br>Washington DC 20036-3201                                 |                                                      | Name of Employer<br>Not Employed<br>Transaction ID : 5728613<br>Occupation                                                       | Date (month, day, year)<br>10/28/2024<br>Amount<br>4000.00 |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE<br>Richardson, Jeffrey, , ,<br>PO Box 11650<br>Alexandria LA 71315-1650                                                      |                                                      | Name of Employer<br>Not Employed<br>Transaction ID : 5728601<br>Occupation<br>Not Employed                                       | Date (month, day, year)<br>10/28/2024<br>Amount<br>2500.00 |

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| 1. NAME OF COMMITTEE IN FULL<br>Cleo Fields for Congress                                                                                                                |  |                                                      |                         |
| ADDRESS (number and street) 2147 GOVERNMENT ST                                                                                                                          |  |                                                      |                         |
| CITY, STATE, and ZIP CODE<br>BATON ROUGE LA 70806                                                                                                                       |  |                                                      |                         |
| 2. NAME OF CANDIDATE<br>Fields, Cleo, , ,                                                                                                                               |  | 3. OFFICE SOUGHT (State and District)<br>House LA 06 |                         |
|                                                                                                                                                                         |  | 4. FEC IDENTIFICATION NUMBER<br>C00868513            |                         |
| 5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____ |  |                                                      |                         |
| A. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
| The Compas Real Estate Group                                                                                                                                            |  | Name of Employer                                     | Date (month, day, year) |
| 7060 Rue Papillon                                                                                                                                                       |  | Transaction ID : 5728612                             | Amount                  |
| Zachary LA 70791-3274                                                                                                                                                   |  | Occupation                                           | 10/28/2024 1000.00      |
| B. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
| Williams, Katarina, , ,                                                                                                                                                 |  | Name of Employer                                     | Date (month, day, year) |
| 7060 Rue Papillon                                                                                                                                                       |  | The Compas Real Estate Group                         | Amount                  |
| Zachary LA 70791-3274                                                                                                                                                   |  | Transaction ID : 5729559                             | 10/28/2024 1000.00      |
|                                                                                                                                                                         |  | Occupation                                           |                         |
|                                                                                                                                                                         |  | Owner                                                |                         |
| C. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
|                                                                                                                                                                         |  | Name of Employer                                     | Date (month, day, year) |
|                                                                                                                                                                         |  |                                                      | Amount                  |
|                                                                                                                                                                         |  | Occupation                                           |                         |
| D. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
|                                                                                                                                                                         |  | Name of Employer                                     | Date (month, day, year) |
|                                                                                                                                                                         |  |                                                      | Amount                  |
|                                                                                                                                                                         |  | Occupation                                           |                         |
| E. FULL NAME, MAILING ADDRESS AND ZIP CODE                                                                                                                              |  |                                                      |                         |
|                                                                                                                                                                         |  | Name of Employer                                     | Date (month, day, year) |
|                                                                                                                                                                         |  |                                                      | Amount                  |
|                                                                                                                                                                         |  | Occupation                                           |                         |

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