

**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.

12FE4M5

Cleo Fields for Congress

ADDRESS (number and street)

2147 Government Street

Check if different
than previously
reported. (ACC)

Baton Rouge

LA

70806

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00868513

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

LA

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
04 / 01 / 2025

through

M M / D D / Y Y Y Y
06 / 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 Thoman, Shayne, , ,

Signature of Treasurer

Thoman, Shayne, , ,

Date

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

Cleo Fields for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

	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))	43103.84	231846.91
(b) Total Contribution Refunds (from Line 20(d))	5800.00	24182.80
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	37303.84	207664.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	8219.24	129468.87
(b) Total Offsets to Operating Expenditures (from Line 14)	2814.20	3247.44
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5405.04	126221.43
8. Cash on Hand at Close of Reporting Period (from Line 27)	58302.24	
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)	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

Cleo Fields for Congress

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 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).....

18900.00

183100.00

(ii) Unitemized

203.84

746.91

(iii) TOTAL of contributions
from individuals ▶

19103.84

183846.91

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

24000.00

48000.00

(d) The Candidate

0.00

0.00

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

43103.84

231846.91

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.)

2814.20

3247.44

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)..... ▶

45918.04

235094.35

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.....	8219.24	129468.87
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	100000.00
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	5800.00	17600.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	6582.80
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	5800.00	24182.80
21. OTHER DISBURSEMENTS	0.00	18240.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	14019.24	271891.67

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	26403.44
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	45918.04
25. SUBTOTAL (add Line 23 and Line 24).....	72321.48
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	14019.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	58302.24

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

PAGE 5 OF 17

<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)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

Alvencia, Roderick, , ,

A. Mailing Address 909 Poydras St

City

New Orleans

State

LA

Zip Code

70112-4000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alvencia, Kelly, And Demarest LLC

Occupation

Owner

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : 7855893

Amount of Each Receipt this Period

1700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Ashy, Alton, , ,

B. Mailing Address 7387 Lasalle Ave

City

Baton Rouge

State

LA

Zip Code

70806-8265

FEC ID number of contributing
federal political committee.

C

Name of Employer

Advanced Strategies

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
0	5		2	8		2	0	2	5

Transaction ID : 7704174

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Bonton, Lamiesa, , ,

C. Mailing Address 4919 Jamestown Ave
Ste 203

City

Baton Rouge

State

LA

Zip Code

70808-3228

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Not Employed

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	5

Transaction ID : 7855895

Amount of Each Receipt this Period

1700.00

☐ Memo Item

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

6900.00

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

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

PAGE 6 OF 17

<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)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

Clayton, Antonio, , ,

A. Mailing Address PO Box 1174

City
Port AllenState
LAZip Code
70767-1174FEC ID number of contributing
federal political committee.

C

Name of Employer
Clayton Fruge WardOccupation
Attorney

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

6200.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 19 2025

Transaction ID : 6604577

Amount of Each Receipt this Period

6200.00

☒ Memo ItemExcessive Portion Pending Refund/Reattribution in
2025 Q2 and within 60 days

B. Full Name (Last, First, Middle Initial)

Clayton, Antonio, , ,

Mailing Address PO Box 1174

City
Port AllenState
LAZip Code
70767-1174FEC ID number of contributing
federal political committee.

C

Name of Employer
Clayton Fruge WardOccupation
Attorney

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 18 2025

Transaction ID : 7915427

Amount of Each Receipt this Period

- 400.00

☒ Memo Item

* Reattributed to Paula Clayton

C. Full Name (Last, First, Middle Initial)

Clayton, Paula, , ,

Mailing Address PO Box 1174

City
Port AllenState
LAZip Code
70767-1174FEC ID number of contributing
federal political committee.

C

Name of Employer
Law Offices Of Paula L. Hartley ClaytoOccupation
Attorney

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 18 2025

Transaction ID : 7915429

Amount of Each Receipt this Period

400.00

☒ Memo Item

* Redesignated from Antonio Clayton

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 17

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

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NAME OF COMMITTEE (In Full)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

Morrison, Gregory, , ,

A. Mailing Address 846 Erie St

City
Shreveport

State
LA

Zip Code
71106-1506

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Delta Resource Group

Occupation
Partner

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
05 28 2025

Transaction ID : 7704183

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Prabhakar, Vijay, , ,

B. Mailing Address 56 Founders Pointe N

City
Bloomington

State
IL

Zip Code
60108-1458

FEC ID number of contributing
federal political committee.

C

Name of Employer
Global Strategic Alliance

Occupation
Chairman

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
06 16 2025

Transaction ID : 7855902

Amount of Each Receipt this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Rogers, James, , ,

C. Mailing Address 340 Crosscreek Dr

City
Bossier City

State
LA

Zip Code
71111-2374

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Information Requested

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
06 30 2025

Transaction ID : 7924401

Amount of Each Receipt this Period

2000.00

☐ Memo Item

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

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

6000.00

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 8 OF 17

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

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NAME OF COMMITTEE (In Full)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

Temple, Collis, , , Jr

A.

Mailing Address 22784 Ligon Rd

City

Zachary

State

LA

Zip Code

70791-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Retired

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 12 2025

Transaction ID : 7669621

Amount of Each Receipt this Period

3500.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

Temple, Collis, , , Jr

Mailing Address 22784 Ligon Rd

City

Zachary

State

LA

Zip Code

70791-6919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not Employed

Occupation

Retired

Receipt For: 2026

☐ Primary

☒ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

6000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 12 2025

Transaction ID : 7669623

Amount of Each Receipt this Period

2500.00

☐ 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 Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

6000.00

18900.00

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

PAGE 9 OF 17

<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)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)

A.

Mailing Address 1333 New Hampshire Ave NW
Ste 700City
WashingtonState
DCZip Code
20036-1532FEC ID number of contributing
federal political committee.

C C00004275

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
05 12 2025

Transaction ID : 7669620

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E

B.

Mailing Address 1625 L St NW

City
WashingtonState
DCZip Code
20036-5665FEC ID number of contributing
federal political committee.

C C00011114

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
04 07 2025

Transaction ID : 7669604

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CRESCENT RIVER PORT PILOTS ASSOCIATION FEDERAL POLITICAL ACTION COMMITTEE/CRPPA FED PAC

C.

Mailing Address 2640 Ridgelake Dr

City
MetairieState
LAZip Code
70002-6037FEC ID number of contributing
federal political committee.

C C00221077

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
05 28 2025

Transaction ID : 7704165

Amount of Each Receipt this Period

3500.00

☐ Memo Item

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

8500.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 17

<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)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

DEFEND THE VOTE**A.**Mailing Address 600 Pennsylvania Ave SE
Unit 15180City
WashingtonState
DCZip Code
20003-7508FEC ID number of contributing
federal political committee.**C** C00764233

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
06 / 30 / 2025**Transaction ID : 7924440**

Amount of Each Receipt this Period

2500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

DEMOCRATS FOR EDUCATION REFORMMailing Address 276 5Th Ave
Rm # 9 704City
New YorkState
NYZip Code
10001-4527FEC ID number of contributing
federal political committee.**C** C00417733

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
04 / 04 / 2025**Transaction ID : 7669615**

Amount of Each Receipt this Period

2000.00

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

GENERAL DYNAMICS CORPORATION POLITICAL ACTION COMMITTEE (GENERAL DYNAMICS EMPLOYEE PAC)

Mailing Address 11011 Sunset Hills Rd

City
RestonState
VAZip Code
20190-5311FEC ID number of contributing
federal political committee.**C** C00078451

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
05 / 28 / 2025**Transaction ID : 7704181**

Amount of Each Receipt this Period

1000.00

☐ 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 RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 17

<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)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

LOUISIANA HEALTH SERVICE & INDEMNITY COMPANY DBA BLUE CROSS & BLUE SHIELD OF LOUISIANA PAC

A. Mailing Address 5525 Reitz Ave

City

Baton Rouge

State

LA

Zip Code

70809-3802

FEC ID number of contributing
federal political committee.**C** C00651265

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
04 04 2025

Transaction ID : 7669614

Amount of Each Receipt this Period

5000.00

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

SMOKE BEND ASSOCIATES LLC FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address 6660 Riverside Dr
Ste 208

City

Metairie

State

LA

Zip Code

70003-3261

FEC ID number of contributing
federal political committee.**C** C00378950

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
05 28 2025

Transaction ID : 7704177

Amount of Each Receipt this Period

5000.00

☐ 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)..... ▶

10000.00

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

24000.00

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 12 OF 17

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

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NAME OF COMMITTEE (In Full)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)
Cumulus Media

A.

Mailing Address 780 Johnson Ferry Rd
Ste 500

City
Atlanta

State
GA

Zip Code
30342-1436

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2841.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 07 2025

Transaction ID : 7919510

Amount of Each Receipt this Period

2814.20

☐ Memo Item

Vendor Refund

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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)..... ▶

2814.20

2814.20

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

PAGE 13 OF 17

<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)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

A. Acuity Politics, LLCMailing Address 1319 F St NW
Ste 301City
WashingtonState
DCZip Code
20004-1140Purpose of Disbursement
Compliance Services

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	4		0	1		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : 500168135

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Acuity Politics, LLCMailing Address 1319 F St NW
Ste 301City
WashingtonState
DCZip Code
20004-1140Purpose of Disbursement
Compliance Services

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	5		0	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : 500168141

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006-1202Purpose of Disbursement
Bank 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	4		2	5		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : 500168137

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

5030.00

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

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

PAGE 14 OF 17

<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)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006-1202Purpose of Disbursement
Bank 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	5		2	9		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

14.00

Transaction ID : 500168139

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006-1202Purpose of Disbursement
Bank 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	6		2	7		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

14.00

Transaction ID : 500173999

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Hilton

Mailing Address 7930 Jones Branch Dr

City
Mc LeanState
VAZip Code
22102-3388Purpose of Disbursement
Travel

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	6		1	3		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

380.38

Transaction ID : 500172854

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

408.38

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 15 OF 17

<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)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2700 Coast Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		07		2025

City
Mountain ViewState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

68.90

Transaction ID : 500168136

☐ 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. Intuit

Mailing Address 2700 Coast Ave

Date of Disbursement

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

City
Mountain ViewState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

68.90

Transaction ID : 500168143

☐ 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. Intuit

Mailing Address 2700 Coast Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2025

City
Mountain ViewState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

68.90

Transaction ID : 500168144

☐ 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).....▶

206.70

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

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

PAGE 16 OF 17

<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)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

A. Premiere Prints

Mailing Address 251 Warehouse Rd W

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		02		2025

City
ShermanState
MSZip Code
38869-7001

FEC Identification Number

C

Purpose of Disbursement
Printing

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

2535.00

Transaction ID : 500168142

☐ 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.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ 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.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ 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).....▶

2535.00

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

8180.08

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

PAGE 17 OF 17

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

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NAME OF COMMITTEE (In Full)

Cleo Fields for Congress

Full Name (Last, First, Middle Initial)

A. Clayton, Antonio, , ,

Mailing Address PO Box 1174

City
Port AllenState
LAZip Code
70767-1174Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		18		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

5800.00

Transaction ID : 500173997

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ 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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ 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).....▶

5800.00

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

5800.00