

**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

Jami Floyd for Congress

ADDRESS (number and street)

PO BOX 230031

Check if different
than previously
reported. (ACC)

New York

NY

10023

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00923862

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

NY

12

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 / 2026

through

M M / D D / Y Y Y Y
06 / 30 / 2026*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 Tinsmon, Cassie, , ,

Signature of Treasurer

Tinsmon, Cassie, , ,

Date

M M / D D / Y Y Y Y
07 / 15 / 2026

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

Jami Floyd for Congress

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 01 / 2026

To:

M M / D D / Y Y Y Y
06 / 30 / 2026

	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))	0.00	255413.77
(b) Total Contribution Refunds (from Line 20(d))	300.00	15290.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 300.00	240123.77
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7549.95	266881.91
(b) Total Offsets to Operating Expenditures (from Line 14)	22.19	22.19
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	7527.76	266859.72
8. Cash on Hand at Close of Reporting Period (from Line 27)	10040.00	
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)	43393.94	

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

Jami Floyd for Congress

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
06 / 30 / 2026**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

187132.00

(ii) Unitemized

0.00

25087.45

(iii) TOTAL of contributions
from individuals ▶

0.00

212219.45

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

43194.32

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

0.00

255413.77

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

0.00

350000.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

0.00

350000.00

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

22.19

22.19

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

0.00

0.95

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

22.19

605436.91

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.....	7549.95	266881.91
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	41725.00	311725.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	41725.00	311725.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	300.00	15290.00
(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)).....	300.00	15290.00
21. OTHER DISBURSEMENTS	0.00	1500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	49574.95	595396.91

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	59592.76
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22.19
25. SUBTOTAL (add Line 23 and Line 24).....	59614.95
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	49574.95
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	10040.00

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

PAGE 5 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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)

Jami Floyd for Congress

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7Th Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	2	6

City
New YorkState
NYZip Code
10001-6708

FEC Identification Number

C

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

14.00

Transaction ID : 500128123

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7Th Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	2	6

City
New YorkState
NYZip Code
10001-6708

FEC Identification Number

C

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

42.25

Transaction ID : 500152200

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 275 7Th Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	6

City
New YorkState
NYZip Code
10001-6708

FEC Identification Number

C

Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

14.00

Transaction ID : 500152199

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

70.25

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 6 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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)

Jami Floyd for Congress

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		06		2026

City
Mountain ViewState
CAZip Code
94043-1351

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

227.12

Transaction ID : 500128122

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2026

City
Mountain ViewState
CAZip Code
94043-1351

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

114.97

Transaction ID : 500128117

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		05		2026

City
Mountain ViewState
CAZip Code
94043-1351

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

33.37

Transaction ID : 500152201

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

375.46

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 7 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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)

Jami Floyd for Congress

Full Name (Last, First, Middle Initial)

A. Gusto

Mailing Address 525 20Th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		02		2026

City
San FranciscoState
CAZip Code
94107-4345

FEC Identification Number

C

Purpose of Disbursement
Payroll Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

64.98

Transaction ID : 500125162

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Gusto

Mailing Address 525 20Th St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		04		2026

City
San FranciscoState
CAZip Code
94107-4345

FEC Identification Number

C

Purpose of Disbursement
Payroll Taxes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

496.19

Transaction ID : 500128115

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	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
04		30		2026

City
Mountain ViewState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
Accounting Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

55.65

Transaction ID : 500128124

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

616.82

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 8 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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)

Jami Floyd for Congress

Full Name (Last, First, Middle Initial)

A. Next Insurance

Mailing Address PO Box 60787

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	2	6

City
Palo AltoState
CAZip Code
94306-0787

FEC Identification Number

C

Purpose of Disbursement
Worker's Compensation Insurance

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

22.60

Transaction ID : 500128121

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. NGP, Inc.Mailing Address 1445 New York Ave NW
Ste 200

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

City
WashingtonState
DCZip Code
20005-2158

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

212.00

Transaction ID : 500125151

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. NGP, Inc.Mailing Address 1445 New York Ave NW
Ste 200

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	6

City
WashingtonState
DCZip Code
20005-2158

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

212.00

Transaction ID : 500125152

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

446.60

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 9 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 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)

Jami Floyd for Congress

Full Name (Last, First, Middle Initial)

A. NGP, Inc.Mailing Address 1445 New York Ave NW
Ste 200City
WashingtonState
DCZip Code
20005-2158Purpose of Disbursement
Software

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
0	4		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1906.94

Transaction ID : 500125156

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NGP, Inc.Mailing Address 1445 New York Ave NW
Ste 200City
WashingtonState
DCZip Code
20005-2158Purpose of Disbursement
Software

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
0	4		0	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1906.94

Transaction ID : 500125157

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NGP, Inc.Mailing Address 1445 New York Ave NW
Ste 200City
WashingtonState
DCZip Code
20005-2158Purpose of Disbursement
Software

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
0	4		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

2118.94

Transaction ID : 500125158

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

5932.82

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 10 OF 14

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	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)

Jami Floyd for Congress

Full Name (Last, First, Middle Initial)

A. Squarespace, Inc.Mailing Address 225 Varick St
FI 12City
New YorkState
NYZip Code
10014-4383Purpose of Disbursement
Software

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
0	4		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

36.00

Transaction ID : 500125165

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Squarespace, Inc.Mailing Address 225 Varick St
FI 12City
New YorkState
NYZip Code
10014-4383Purpose of Disbursement
Software

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
0	5		1	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

36.00

Transaction ID : 500152197

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Squarespace, Inc.Mailing Address 225 Varick St
FI 12City
New YorkState
NYZip Code
10014-4383Purpose of Disbursement
Software

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
0	6		1	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

36.00

Transaction ID : 500152198

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

108.00

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

7549.95

**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 11 OF 14

☐ 17 20a	☐ 18 20b	☒ 19a 20c	☐ 19b 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)

Jami Floyd for Congress

Full Name (Last, First, Middle Initial)

A. Floyd, Jami, , ,

Mailing Address PO Box 230031

City
New YorkState
NYZip Code
10023-0001Purpose of Disbursement
Partial candidate loan repaymentCandidate Name
Floyd, Jami, , Mrs.,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 12

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		29		2026

FEC Identification Number

C H6NY12222

Amount of Each Disbursement this Period

41725.00

Transaction ID : 500125159

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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).....▶

41725.00

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

41725.00

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

PAGE 12 OF 14

☐ 17	☐ 18	☐ 19a	☐ 19b
☒ 20a	☐ 20b	☐ 20c	☐ 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)

Jami Floyd for Congress

Full Name (Last, First, Middle Initial)

A. Cholack, Dina, , ,Mailing Address 333 Central Park W
Apt 61City
New YorkState
NYZip Code
10025-7105Purpose of Disbursement
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
0	4		2	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : 500125166

☐ 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).....▶

300.00

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

300.00

SCHEDULE C (FEC Form 3)
LOANS

PAGE 13 OF 14

Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : 6884050L

Jami Floyd for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)☐ Memo Item

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Floyd, Jami, , ,

Mailing Address

PO Box 230031

City

New York

State

NY

ZIP Code

10023-0001

☒ Personal Funds of the Candidate

Original Amount of Loan

100000.00

Cumulative Payment To Date

61725.00

Balance Outstanding at Close of This Period

38275.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
01 30 / 2026M M / D D / Y Y Y Y
06 01 / 2026

0.00 % (apr)

☐ Yes ☒ 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).....▶

38275.00

TOTALS This Period (last page in this line only).....▶

38275.00

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 14 OF 14

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

Jami Floyd for Congress

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

NGP, Inc.

Nature of Debt (Purpose):

Software

Mailing Address 1445 New York Ave NW
Ste 200City
WashingtonState
DCZip Code
20005-2158

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001175

Amount Incurred This Period

2118.94

Payment This Period

0.00

Outstanding Balance at Close of This Period

2118.94

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Katz Compliance

Nature of Debt (Purpose):

Compliance Services

Mailing Address 3723 Greenville Ave
Ste 41077City
DallasState
TXZip Code
75206-5311

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001176

Amount Incurred This Period

3000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

5118.94

2) **TOTALS** This Period (last page this line number only)

5118.94

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

38275.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

43393.94