

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED
FEC MAILCENTER

2026 JUL 22 AM 10:50

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Umar4NY

ADDRESS (number and street)

218 20th St #2



Check if different
than previously
reported. (ACC)

Brooklyn

NY

11232

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C 00933341

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

NY

11

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 04 / D 01 / Y 2026

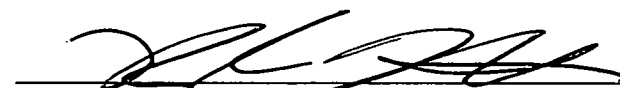
through

M 06 / D 30 / Y 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 Paul Henderson

Signature of Treasurer



Date

M 07 / D 14 / Y 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)

Page 2

Write or Type Committee Name

Umar4NY

Report Covering the Period:

From:

04 / 01 / 2026

To:

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	10115.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	1607.09
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	8507.91
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	8507.91
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	0.00	8507.91
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
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)	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)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

M M / D D / Y Y Y Y Y

To:

M M / D D / Y Y Y Y Y

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

10115.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL of contributions
from individuals

0.00

10115.00

(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

10115.00

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

10115.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

Page 4

II. DISBURSEMENTS

COLUMN A Total This Period

COLUMN B Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

0.00

8507.91

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

1607.09

(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

1607.09

21. OTHER DISBURSEMENTS.....

0.00

0.00

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ►

0.00

10115.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

0.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

0.00

25. SUBTOTAL (add Line 23 and Line 24).....

0.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

0.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

0.00

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 OF

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

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)

Umar4NY

Full Name (Last, First, Middle Initial)

A. 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)

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) ▶

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 OF

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Umar4NY

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

A.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

FEC Identification Number

C

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

FEC Identification Number

C

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

☐ Memo Item

State: District:

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

FEC Identification Number

C

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

☐ Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

NONO - OF - NO - OMA - OMMA -

PAGE OF

FOR LINE NUMBER:
(check only one)

☐	13a
☐	13b

Umar4NY

☐ Memo Item☐ Primary

General

☐ Other (specify) ▼

ZIP Code

☐ Personal Funds of the Candidate

Balance Outstanding at Close of This Period

Secured:



% (apr)

☐ Yes ☐ No

Amount
Guaranteed
Outstanding:

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

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C.

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) Umar4NY			FEC IDENTIFICATION NUMBER C		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan 		Interest Rate (APR) %	
Mailing Address		Date Incurred or Established 		Date Due 	
City	State	Zip Code			
A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred					
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:			
C. Are other parties secondarily liable for the debt incurred? ☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? ☐ No ☐ Yes If yes, specify: _____				What is the value of this collateral? Does the lender have a perfected security interest in it? ☐ No ☐ Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify: _____				What is the estimated value? 	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:			Location of account: Address: _____ City, State, Zip: _____		
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Signature			DATE 		
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature			DATE 		
Title					

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

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

NAME OF COMMITTEE (In Full)

Umar4NY

A. 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

B. 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

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

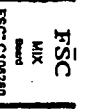
1) SUBTOTALS This Period This Page (optional)

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

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

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

FLAT RATE ENVELOPE
POSTAGE REQUIRED



FLAT RATE ENVELOPE
POSTAGE REQUIRED

FLAT RATE ENVELOPE
POSTAGE REQUIRED

PRIORITY MAIL EXPRESS®

**DATE
OPEN
ANY WEIGHT**

Package Pickup,
QR code.



M/PICKUP



01000006

EP13F October 2023
OD: 12 1/2 x 9 1/2

FOR DOMESTIC
PLACE MAIL



Retail

E

US POSTAGE PAID

\$35.90

Origin: 112165
07/20/26
3508930350-15

PRIORITY MAIL EXPRESS®

RAVEN STRATEGIES
218 20TH ST
BROOKLYN NY 11232-1341

0 Lb 3.10 Oz

RDC 07

SCHEDULED DELIVERY DAY: 07/21/26 06:00 PM

SHIP

TO:

FEDERAL ELECTION COMMISSION
WASHINGTON DC 20463



USPS TRACKING® #



9570 1150 9989 8201 9445 79



how2recycle.info

WHEN USED INTERNATIONALLY, A

+ Money Back Guarantee for

* Money Back Guarantee to
select International destinations.
See DMN and IMM at pe.
** Insurance does not cover
claims exclusions see the
<http://pe.usps.com>.

SE

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2025 RELEASE UNDER E.O. 14176

Federal Election Commission		
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☐ Other (Specify):	Date of Receipt or Postmarked	
MDC		7/22/26
PREPARER	DATE PREPARED	

(4/2023)