

**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

HAMP REDMOND FOR US CONGRESS

ADDRESS (number and street)

1792 SOUTH LAKE DRIVE

SUITE 90-338

LEXINGTON

SC

29073

Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00915082

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

SC

02

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
10 / 01 / 2025

through

M M / D D / Y Y Y Y
12 / 31 / 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

Elders, Lorna, , ,

Signature of Treasurer

Elders, Lorna, , ,

Date

M M / D D / Y Y Y Y
01 / 30 / 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

HAMP REDMOND FOR US CONGRESS

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		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))....	1025.54	1741.13
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1025.54	1741.13
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5985.08	8368.29
(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))	5985.08	8368.29
8. Cash on Hand at Close of Reporting Period (from Line 27)	397.02	
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)	7000.00	

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

HAMP REDMOND FOR US CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
10 / 01 / 2025

To:

M M / D D / Y Y Y Y
12 / 31 / 2025**I. RECEIPTS****COLUMN A**
Total This Period**COLUMN B**
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

662.18

1062.18

(ii) Unitemized

363.36

678.95

(iii) TOTAL of contributions
from individuals ▶

1025.54

1741.13

(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))..

1025.54

1741.13

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

7000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

7000.00

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)..... ▶

1025.54

8741.13

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.....	5985.08	8368.29
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5985.08	8368.29

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5356.56
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1025.54
25. SUBTOTAL (add Line 23 and Line 24).....	6382.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5985.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	397.02

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 5 OF 8

☒ 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)

HAMP REDMOND FOR US CONGRESS

Full Name (Last, First, Middle Initial)
Discount Drug of Swansea Inc

A. Mailing Address 400 N Church St

City State Zip Code
Swansea SC 29160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
11 25 2025

Transaction ID : SA11AI.4163

Amount of Each Receipt this Period

250.00

☐ Memo Item

Impermissible Contribution; Refunded will be reflected
on Committee's next report

Full Name (Last, First, Middle Initial)
Michaels, Stacey, , ,

B. Mailing Address 1571 23rd Ave

City State Zip Code
San Francisco CA 94122

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

504.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 17 2025

Transaction ID : SA11AI.4128

Amount of Each Receipt this Period

154.64

☐ Memo Item

Full Name (Last, First, Middle Initial)
Tondini, Patricia, , ,

C. Mailing Address 107 Park Meadow Drive

City State Zip Code
Lexington SC 29072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

257.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 15 2025

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period

257.54

☐ Memo Item

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

662.18

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

662.18

**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 6 OF 8

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

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NAME OF COMMITTEE (In Full)

HAMP REDMOND FOR US CONGRESS

Full Name (Last, First, Middle Initial)

A. Chalmers, Adams, Backer, & Kaufman LLCMailing Address 100 N Main St
Ste 340City
AlpharettaState
GAZip Code
30009Purpose of Disbursement
Legal Services

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
1	0		0	8		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4156

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Grace Outdoor Advertising

Mailing Address 1201 Lincoln St Ste 300

City
ColumbiaState
SCZip Code
29201Purpose of Disbursement
Billboard Advertising

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
1	2		2	2		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

1650.00

Transaction ID : SB17.4137

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. PAC Management Services LLCMailing Address 10521 Judicial Dr
Ste 200ACity
FairfaxState
VAZip Code
22030Purpose of Disbursement
Compliance Services

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
1	1		1	0		2	0	2	5

FEC Identification Number

C

Amount of Each Disbursement this Period

300.00

Transaction ID : SB17.4150

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

4450.00

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

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

PAGE 7 OF 8

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

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NAME OF COMMITTEE (In Full)

HAMP REDMOND FOR US CONGRESS

Full Name (Last, First, Middle Initial)

A. Souvenir Wholesale

Mailing Address 521 Morse Street NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Campaign Merchandise

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		15		2025

FEC Identification Number

C

Amount of Each Disbursement this Period

1037.00

Transaction ID : SB17.4144

☐ 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:

Category/
Type

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:

Category/
Type

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).....▶

1037.00

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

5487.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 8 OF 8

FOR LINE NUMBER:
(check only one)☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4107

HAMP REDMOND FOR US CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

REDMOND, HAMPTON, , ,

Mailing Address

1792 SOUTH LAKE DRIVE SUITE 90-338

City

LEXINGTON

State

SC

ZIP Code

29072

☒ Personal Funds of the Candidate

Original Amount of Loan

7000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 16 / 2025

M M / D D / Y Y Y Y

On Demand

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).....▶

7000.00

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

7000.00

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