

**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

Mike Katz for Congress

ADDRESS (number and street)

46 Estabrook St.

Check if different
than previously
reported. (ACC)

San Leandro

CA

94577

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00943076

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

CA

17

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
06 / 02 / 2026in the
State of

CA

(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
05 / 13 / 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 Lacabe, Margarita, , ,

Signature of Treasurer

Lacabe, Margarita, , ,

Date

M M / D D / Y Y Y Y
07 / 06 / 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

Mike Katz for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	3		2	0	2	6

	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))	1050.00	6162.00
(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))	1050.00	6162.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	41.48	3709.48
(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))	41.48	3709.48
8. Cash on Hand at Close of Reporting Period (from Line 27)	2448.57	
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)	5989.80	

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

Mike Katz for Congress

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
05 / 13 / 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).....

1000.00

6000.00

(ii) Unitemized.....

50.00

162.00

(iii) TOTAL of contributions
from individuals ▶

1050.00

6162.00

(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))..

1050.00

6162.00

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)..... ▶

1050.00

6162.00

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.....	41.48	3709.48
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	3.95
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	41.48	3713.43

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1440.05
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1050.00
25. SUBTOTAL (add Line 23 and Line 24).....	2490.05
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	41.48
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2448.57

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 6

☒ 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)

Mike Katz for Congress

Full Name (Last, First, Middle Initial)

Act Blue

A.

Mailing Address PO BOX 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00714725

Name of Employer

Occupation

Receipt For: 2026



Election Cycle-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 19 2026

Transaction ID : SA11AI.4146

Amount of Each Receipt this Period

50.00

☒ Memo Item

Total earmarked through conduit: limit not affected

Full Name (Last, First, Middle Initial)

Act Blue

B.

Mailing Address PO BOX 441146

City

Somerville

State

MA

Zip Code

02144

FEC ID number of contributing
federal political committee.

C C00714725

Name of Employer

Occupation

Receipt For: 2026



Election Cycle-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 03 2026

Transaction ID : SA11AI.4150

Amount of Each Receipt this Period

1000.00

☒ Memo Item

Total earmarked through conduit: limit not affected

Full Name (Last, First, Middle Initial)

Aouam, Hillal, , ,

C.

Mailing Address 518 Kinross Ct

City

Sunnyvale

State

CA

Zip Code

94087

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Self-Employed

Freelancer

Receipt For: 2026



Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 03 2026

Transaction ID : SA11AI.4148

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Contribution earmarked through ActBlue

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

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

1000.00

1000.00

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

PAGE 6 OF 6

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

NAME OF COMMITTEE (In Full)

Mike Katz for Congress

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

Katz, Mike, , ,

Nature of Debt (Purpose):

Candidate Advance for Ballot Statement,
Santa Clara County

Mailing Address 46 Estabrook St.

City

San Leandro

State

CA

Zip Code

94577

Outstanding Balance Beginning This Period

5989.80

Transaction ID : SD10.4128

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5989.80

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)

5989.80

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

5989.80

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

0.00

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

5989.80