

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

MELISSA CONYEARS-ERVIN FOR CONGRESS

ADDRESS (number and street)

2622 W JACKSON BLVD

STE 200C

CHICAGO

IL

60612

Check if different than previously reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00838144

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

IL

07

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 / 2024

through

M M / D D / Y Y Y Y

06 / 30 / 2024

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 Ervin, Jason, , ,

Signature of Treasurer

Ervin, Jason, , ,

Date

M M / D D / Y Y Y Y

07 / 15 / 2024

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

MELISSA CONYEARS-ERVIN FOR CONGRESS

Report Covering the Period: From: 04 / 01 / 2024 To: 06 / 30 / 2024

	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	733730.66
(b) Total Contribution Refunds (from Line 20(d))	0.00	34300.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	699430.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2569.24	693907.78
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	50.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	2569.24	693857.78
8. Cash on Hand at Close of Reporting Period (from Line 27)	9594.79	
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

MELISSA CONYEARS-ERVIN FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2024

To:

MM / DD / YYYY
06 / 30 / 2024**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

705850.00

(ii) Unitemized

0.00

18130.66

(iii) TOTAL of contributions
from individuals ▶

0.00

723980.66

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

9750.00

(d) The Candidate

0.00

0.00

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

0.00

733730.66

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

50.00

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

0.06

2021.91

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

0.06

735802.57

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.....	2569.24	693907.78
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	34300.00
(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	34300.00
21. OTHER DISBURSEMENTS	0.00	1000.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2569.24	729207.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	12163.97
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.06
25. SUBTOTAL (add Line 23 and Line 24).....	12164.03
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2569.24
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	9594.79

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 8

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

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NAME OF COMMITTEE (In Full)

MELISSA CONYEARS-ERVIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. BMO Harris

Mailing Address PO Box 94033

Date of Disbursement

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

City
PalatineState
ILZip Code
60094

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.4125

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. BMO Harris

Mailing Address PO Box 94033

Date of Disbursement

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

City
PalatineState
ILZip Code
60094

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.4126

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. BMO Harris

Mailing Address PO Box 94033

Date of Disbursement

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

City
PalatineState
ILZip Code
60094

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.4127

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

225.00

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)

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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MELISSA CONYEARS-ERVIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Constant Contact

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Subscription

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

80.00

Transaction ID : SB17.4122

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Google

Mailing Address 1600 Amphitheatre Parkway

City

Mountain View

State

CA

Zip Code

94043

Purpose of Disbursement
Subscription

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

43.20

Transaction ID : SB17.4129

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Google

Mailing Address 1600 Amphitheatre Parkway

City

Mountain View

State

CA

Zip Code

94043

Purpose of Disbursement
Subscription

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

43.20

Transaction ID : SB17.4130

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

166.40

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

MELISSA CONYEARS-ERVIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Google

Mailing Address 1600 Amphitheatre Parkway

Date of Disbursement

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

City
Mountain ViewState
CAZip Code
94043

FEC Identification Number

C

Purpose of Disbursement
Subscription

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

43.20

Transaction ID : SB17.4131

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. New Chicago Consulting LLC

Mailing Address 220 N Green St

Date of Disbursement

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

City
ChicagoState
ILZip Code
60607

FEC Identification Number

C

Purpose of Disbursement
Fundraising Consulting Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4135

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. NGP VAN Inc.

Mailing Address 655 15th St NW #650

Date of Disbursement

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

City
WashingtonState
DCZip Code
20005

FEC Identification Number

C

Purpose of Disbursement
Database Services

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1064.89

Transaction ID : SB17.4112

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1508.09

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

MELISSA CONYEARS-ERVIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Olson Remcho, LLP

Mailing Address 1901 Harrison St #1550

City
OaklandState
CAZip Code
94612Purpose of Disbursement
Legal Services

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

324.00

Transaction ID : SB17.4114

☐ 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).....▶

324.00

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

2223.49