

MISCELLANEOUS REPORT TO THE FEC (FEC Form 99)

NAME OF COMMITTEE (In Full)

FEC IDENTIFICATION NUMBER

MICHAEL STANSFIELD CONTRA-ZIONISM COMMITTEE C00931782

Mailing Address 2805 PITON WAY

City	State	ZIP Code
ROCKLIN	CA	95677

Filing and Statement fees were paid for by myself. No contributions or requested. Because the Filing and Candidate Statement exceeds the \$5000 threshold Form C is attached. No other expenses are anticipated. If further excesses do occur a new or amended Form C will be filed. Any questions or issues please let me know.

SUMMARY PAGE of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Page 2

Write or Type Committee Name

MICHAEL STANSFIELD CONTRA-ZIONISM COMMITTEE

Report Covering the Period: From: / / To: / /

	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))....	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Total Contribution Refunds (from Line 20(d)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17).....	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Total Offsets to Operating Expenditures (from Line 14).....	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Cash on Hand at Close of Reporting Period (from Line 27).....	<input type="text"/>	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text"/>	

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

MICHAEL STANSFIELD CONTRA-ZIONISM COMMITTEE

Report Covering the Period: From: 12 / 22 / 2026 To: 03 / 23 / 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).....

(ii) Unitemized.....

(iii) TOTAL of contributions from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) The Candidate.....

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

[Empty input field]

[Empty input field]

[Empty input field]

[Empty input field]

[Empty input field]

\$17591.00

\$17591.00

[Empty input field]

[Empty input field]

[Empty input field]

[Empty input field]

[Empty input field]

\$17591.00

\$17591.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

[Empty input field]

[Empty input field]

13. LOANS:

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

(b) All Other Loans.....

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

[Empty input field]

[Empty input field]

[Empty input field]

[Empty input field]

[Empty input field]

[Empty input field]

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

[Empty input field]

[Empty input field]

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

[Empty input field]

[Empty input field]

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

[Empty input field]

[Empty input field]

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.....

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES.....

19. LOAN REPAYMENTS:

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

(b) Of All Other Loans.....

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees.....

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

21. OTHER DISBURSEMENTS.....

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

III. CASH SUMMARY

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

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

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

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

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

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
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
			<input type="checkbox"/> 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)

Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y		
A. Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y		
B. Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial)			Date of Receipt M M / D D / Y Y Y Y Y Y		
C. Mailing Address					
City	State	Zip Code			
FEC ID number of contributing federal political committee.		C	Amount of Each Receipt this Period		
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼	<input type="checkbox"/> 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

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 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)

MICHAEL STANSFIELD CONTRA-ZIONISM COMMITTEE

Full Name (Last, First, Middle Initial)

A. PLACER COUNTY ELECTIONS

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
03		16		2026			

Mailing Address
3715 ATHERTON ROAD

City **ROCKLIN** State **CA** Zip Code **95765**

Purpose of Disbursement
FILING AND STATEMENT

Candidate Name
Michael Stansfield

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

FEC Identification Number

C 00931782

Amount of Each Disbursement this Period

\$4868.00

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

B. SACRAMENTO COUNTY ELECTIONS

Date of Disbursement

M	M	D	D	Y	Y	Y	Y
03		17		2026			

Mailing Address
7000 65th St

City **Sacramento** State **CA** Zip Code **95823**

Purpose of Disbursement
FILING AND STATEMENT

Candidate Name
Michael Stansfield

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

FEC Identification Number

C 00931782

Amount of Each Disbursement this Period

\$12300.00

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

C. YOLO COUNTY ELECTIONS

Date of Disbursement

CHECK NOT YET CASHED

Mailing Address
625 Court St #B05

City **Woodland** State **CA** Zip Code **95695**

Purpose of Disbursement
FILING AND STATEMENT

Candidate Name
Michael Stansfield

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

FEC Identification Number

C 00931782

Amount of Each Disbursement this Period

\$423.00

Memo Item

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ **\$17591.00**

TOTAL This Period (last page this line number only) ▶ **\$17591.00**

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 8 of 11
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 13a <input type="checkbox"/> 13b

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item		Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address		
City	State	ZIP Code
<input type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y	<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y	<input type="text"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="text"/>
2. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)		Name of Employer	
Mailing Address		Occupation	
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>
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

Supplementary for
Information found on
Page ____ of Schedule C

Federal Election Commission, Washington, D.C.

NAME OF COMMITTEE (In Full)			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	M M / D D / Y Y Y Y Y	M M / D D / Y Y Y Y Y	M M / D D / Y Y Y Y Y
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, date originally incurred		
B. If line of credit, Amount of this Draw:			Total Outstanding Balance:		M M / D D / Y Y Y Y Y
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? M M / D D / Y Y Y Y Y	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y Y			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 M M / D D / Y Y Y Y Y	
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 M M / D D / Y Y Y Y Y	
				Title	

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

FOR LINE NUMBER: (check only one)

9
10

NAME OF COMMITTEE (In Full)

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)	▶	

