

FEC
FORM 3REPORT 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

Nadia For Congress

ADDRESS (number and street)

615 Boardman ST

Check if different
than previously
reported. (ACC)

Sheffield

MA

01257

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00868927

3. IS THIS
REPORT

X

NEW
(N)

OR

□

AMENDED
(A)

STATE ▼ DISTRICT

MA

□

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 10

/ D 01

/ Y 2025

through

M 12

/ D 31

/ Y 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 Murray, Eileen, , ,

Signature of Treasurer

Murray, Eileen, , ,

Date

M 01

/ D 03

/ 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
OnlyFEC FORM 3
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

Nadia For Congress

Report Covering the Period: From:

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

To:

M 12	/	D 31	/	Y 2025
---------	---	---------	---	-----------

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))
- (b) Total Contribution Refunds
(from Line 20(d))
- (c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

12060.00	278742.68
0.00	100.00
12060.00	278642.68

7. Net Operating Expenditures

- (a) Total Operating Expenditures
(from Line 17)
- (b) Total Offsets to Operating
Expenditures (from Line 14).....
- (c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

839.78	328421.79
0.00	0.00
839.78	328421.79

**8. Cash on Hand at Close of
Reporting Period (from Line 27).....**

12421.42

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)**

75000.00

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

Nadia For Congress

Report Covering the Period: From:

M M
10D D
01Y Y Y Y
2025

To:

M M
12D D
31Y Y Y Y
2025

I. RECEIPTS

COLUMN A
Total This PeriodCOLUMN 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))

10300.00	219614.00
1760.00	59123.68
12060.00	278737.68
0.00	0.00
0.00	0.00
0.00	5.00
12060.00	278742.68

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00	0.00
------	------

13. LOANS:

- (a) Made or Guaranteed by the Candidate
- (b) All Other Loans
- (c) TOTAL LOANS
(add Lines 13(a) and (b))

0.00	75000.00
0.00	0.00
0.00	75000.00

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)

12060.00	353742.68
----------	-----------

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.....	839.78	328421.79
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	100.00
(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	100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	839.78	328521.79

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1201.20
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	12060.00
25. SUBTOTAL (add Line 23 and Line 24).....	13261.20
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	839.78
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12421.42

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 9

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 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)

Nadia For Congress

<p>Full Name (Last, First, Middle Initial) Alpert, Daniel, , ,</p> <p>A. Mailing Address 792 Brentwood Point</p> <p>City Naples State FL Zip Code 34110</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Westwood Capital LLC Occupation Investment Banker</p> <p>Receipt For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 19 2025</p> <p>Transaction ID : SA11AI.7303</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial) Aqel, Mahmoud, Bader, , ,</p> <p>B. Mailing Address 19 Robin Hood way</p> <p>City Wayne State NJ Zip Code 07470</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Paterson Community Clinic Occupation Physician</p> <p>Receipt For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 10 25 2025</p> <p>Transaction ID : SA11AI.7333</p> <p>Amount of Each Receipt this Period 500.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>Full Name (Last, First, Middle Initial) Bouziane, Melisse, A, , ,</p> <p>C. Mailing Address 10719 Belmar Ave.</p> <p>City Northridge State CA Zip Code 91326</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 12 17 2025</p> <p>Transaction ID : SA11AI.7319</p> <p>Amount of Each Receipt this Period 1000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ►</p> <p>TOTAL This Period (last page this line number only) ►</p> <p>2500.00</p>	

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 9

(check only one)

 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)

Nadia For Congress

<p>A. Full Name (Last, First, Middle Initial) Fredericks, Anne, , ,</p> <p>Mailing Address 1270 Canyon Road</p> <p>City Santa Fe State NM Zip Code 87501</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 3300.00</p>		<p>Date of Receipt <input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y Y Y Y 12 27 2025</p> <p>Transaction ID : SA11AI.7290</p> <p>Amount of Each Receipt this Period 3300.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>B. Full Name (Last, First, Middle Initial) HARRIS, SALLY, , ,</p> <p>Mailing Address 49 Locust Hill Road</p> <p>City Great Barrington State MA Zip Code 01230</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Retired Occupation Retired</p> <p>Receipt For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2000.00</p>		<p>Date of Receipt <input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y Y Y Y 12 25 2025</p> <p>Transaction ID : SA11AI.7292</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><input type="checkbox"/> Memo Item</p>
<p>C. Full Name (Last, First, Middle Initial) Osborne, Mary, , ,</p> <p>Mailing Address 132 Castle Street</p> <p>City Great Barrington State MA Zip Code 01230</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer self Occupation children's book author</p> <p>Receipt For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Election Cycle-to-Date ▼ 2000.00</p>		<p>Date of Receipt <input type="checkbox"/> M <input type="checkbox"/> M / <input type="checkbox"/> D <input type="checkbox"/> D / <input type="checkbox"/> Y <input type="checkbox"/> Y Y Y Y 12 24 2025</p> <p>Transaction ID : SA11AI.7294</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><input type="checkbox"/> Memo Item</p>
SUBTOTAL of Receipts This Page (optional)..... ►		7300.00
TOTAL This Period (last page this line number only)		7300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 9

(check only one)

 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)

Nadia For Congress

A. Full Name (Last, First, Middle Initial) Zaina, Samir, , , Mailing Address 8 Gamba Ct		Date of Receipt M M / D D / Y Y Y Y 10 25 2025 Transaction ID : SA11AI.7325
City North Haledon		State NJ Zip Code 07508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Nj Medical Professionals		Occupation Physician
Receipt For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Election Cycle-to-Date ▼ 500.00
Full Name (Last, First, Middle Initial) B. Mailing Address		Memo Item
City		Date of Receipt M M / D D / Y Y Y Y
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 ▼
Full Name (Last, First, Middle Initial) C. Mailing Address		Memo Item
City		Date of Receipt M M / D D / Y Y Y Y
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 ▼
SUBTOTAL of Receipts This Page (optional)..... ►		500.00
TOTAL This Period (last page this line number only)		10300.00

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)

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

PAGE 8 OF 9

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)
Nadia For Congress

Full Name (Last, First, Middle Initial)

A. Stripe, CC Fees, , ,

Mailing Address 354 Oyster Point Boulevard

City San Francisco	State CA	Zip Code 94080
-----------------------	-------------	-------------------

Purpose of Disbursement
Credit Card Fees

Candidate Name

Date of Disbursement

M M 12	/	D D 31	/	Y Y Y Y Y 2025
-----------	---	-----------	---	-------------------

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

FEC Identification Number

C

Amount of Each Disbursement this Period

839.78

Transaction ID : SB17.7288

Memo Item

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Date of Disbursement

M M 12	/	D D 31	/	Y Y Y Y Y 2025
-----------	---	-----------	---	-------------------

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
---	---

State: District:

Full Name (Last, First, Middle Initial)

FEC Identification Number

C

Amount of Each Disbursement this Period

839.78

Memo Item

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Date of Disbursement

M M 12	/	D D 31	/	Y Y Y Y Y 2025
-----------	---	-----------	---	-------------------

Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) ▼
---	---

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

839.78

Memo Item

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

839.78

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

839.78

SCHEDULE C (FEC Form 3)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 9 OF 9
FOR LINE NUMBER:
(check only one) 13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4618

Nadia For Congress

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

Milleron, Nadia, , ,

Mailing Address

615 Boardman St

City

Sheffield

State

MA

ZIP Code

01257

Election: 2024

 Primary General Other (specify) ▼

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

75000.00

0.00

75000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M
07D D
16Y Y Y Y
2024

M M

D D

Y Y Y Y
12/31/2025

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).....►

75000.00

TOTALS This Period (last page in this line only)

75000.00

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