

**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

Haley Stevens for Congress

ADDRESS (number and street)

33717 Woodward Ave

#539

Check if different
than previously
reported. (ACC)

Birmingham

MI

48009

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C

C00638650

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

MI

11

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 / 2026

through

M M / D D / Y Y Y Y
06 / 30 / 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

Marcotte, Maria, , ,

Signature of Treasurer

Marcotte, Maria, , ,

Date

M M / D D / Y Y Y Y
07 / 15 / 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

Haley Stevens 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	6		3	0		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))....	0.00	1322008.25
(b) Total Contribution Refunds (from Line 20(d))	- 500.00	75885.83
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	500.00	1246122.42
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	545.75	808173.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	386.50	263124.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	159.25	545049.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	30.36	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	209.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	7007.68	

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

Haley Stevens for Congress

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
06 / 30 / 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).....

0.00

775296.33

(ii) Unitemized

0.00

44211.92

(iii) TOTAL of contributions
from individuals ▶

0.00

819508.25

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

502500.00

(d) The Candidate

0.00

0.00

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

0.00

1322008.25

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.)

386.50

263124.00

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)..... ▶

386.50

1585132.25

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.....	545.75	808173.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	1244042.89
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	- 500.00	39385.83
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	36500.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	- 500.00	75885.83
21. OTHER DISBURSEMENTS	500.00	331357.58
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	545.75	2459459.52

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	189.61
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	386.50
25. SUBTOTAL (add Line 23 and Line 24).....	576.11
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	545.75
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	30.36

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 14

☐ 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)

Haley Stevens for Congress

Full Name (Last, First, Middle Initial)

Michigan Unemployment Insurance

A.

Mailing Address 3391 Plainfield Ave NE

Ste A

City

Grand Rapids

State

MI

Zip Code

49525-2796

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

386.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 11 2026

Transaction ID : 11194442

Amount of Each Receipt this Period

386.50

☐ Memo Item

Insurance Refund

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

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

386.50

386.50

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

PAGE 6 OF 14

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

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NAME OF COMMITTEE (In Full)

Haley Stevens for Congress

Full Name (Last, First, Middle Initial)

A. Amalgamated Bank

Mailing Address 275 7th Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		28		2026

City
New YorkState
NYZip Code
10001-6708

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7.00

Transaction ID : 500588456

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. Amalgamated Bank

Mailing Address 275 7th Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		28		2026

City
New YorkState
NYZip Code
10001-6708

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

7.00

Transaction ID : 500591756

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Amalgamated Bank

Mailing Address 275 7th Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2026

City
New YorkState
NYZip Code
10001-6708

FEC Identification Number

C

Purpose of Disbursement
Bank Fees

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

35.25

Transaction ID : 500594782

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

49.25

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)

PAGE 7 OF 14

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

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NAME OF COMMITTEE (In Full)

Haley Stevens for Congress

Full Name (Last, First, Middle Initial)

A. Intuit

Mailing Address 2700 Coast Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
04		20		2026

City
Mountain ViewState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : 500587673

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Intuit

Mailing Address 2700 Coast Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		18		2026

City
Mountain ViewState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : 500590439

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Intuit

Mailing Address 2700 Coast Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		18		2026

City
Mountain ViewState
CAZip Code
94043-1140

FEC Identification Number

C

Purpose of Disbursement
Software

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : 500593276

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ 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 DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 14

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

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NAME OF COMMITTEE (In Full)

Haley Stevens for Congress

Full Name (Last, First, Middle Initial)

A. IRS

Mailing Address PO Box 931000

Date of Disbursement

M M	/	D D	/	Y Y Y Y
05		15		2026

City
LouisvilleState
KYZip Code
40293-1000

FEC Identification Number

C

Purpose of Disbursement
Employment Taxes

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

271.50

Transaction ID : 500590031

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐ General
☐	Other (specify) ▼	

State:

District:

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

271.50

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

545.75

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

PAGE 9 OF 14

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

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NAME OF COMMITTEE (In Full)

Haley Stevens for Congress

Full Name (Last, First, Middle Initial)

A. Price, Brian, , ,

Mailing Address 1753 Elmwood Dr

City
Highland ParkState
ILZip Code
60035-2321Purpose of Disbursement
Void from 12/18/2025, see line 21

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

- 500.00

Transaction ID : 500591070

☐ 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).....▶

- 500.00

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

- 500.00

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

PAGE 10 OF 14

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

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NAME OF COMMITTEE (In Full)

Haley Stevens for Congress

Full Name (Last, First, Middle Initial)

A. Democrats Reshaping America (DREAMPAC)

Mailing Address PO Box 83142

City
GaithersburgState
MDZip Code
20883-3142Purpose of Disbursement
Void from 3/30/2026, see reissue.

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00423079

Amount of Each Disbursement this Period

- 2000.00

Transaction ID : 500590933

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Democrats Reshaping America (DREAMPAC)

Mailing Address PO Box 83142

City
GaithersburgState
MDZip Code
20883-3142Purpose of Disbursement
Reissue of voided check from 3/30/2026.

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Category/
Type

Date of Disbursement

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

FEC Identification Number

C C00423079

Amount of Each Disbursement this Period

2000.00

Transaction ID : 500590935

☐ 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).....▶

0.00

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

0.00

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

PAGE 11 OF 14

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

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NAME OF COMMITTEE (In Full)

Haley Stevens for Congress

Full Name (Last, First, Middle Initial)

A. Department of the Treasury

Mailing Address 1500 Pennsylvania Ave NW

City
WashingtonState
DCZip Code
20220-0001Purpose of Disbursement
Disgorgement of Contribution

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : 500591071

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Price, Brian, , ,

Mailing Address 1753 Elmwood Dr

City
Highland ParkState
ILZip Code
60035-2321Purpose of Disbursement
Disgorgement of Contribution

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒ General
☐	Other (specify) ▼	

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

500.00

Transaction ID : 500596433

☒ 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).....▶

500.00

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

500.00

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

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

PAGE 12 OF 14

FOR LINE NUMBER:
(check only one)

☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

Haley Stevens for Congress

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

Haley Stevens for Senate

Nature of Debt (Purpose):

Reimbursement of Travel Expenses from
1/26/2026

Mailing Address 33717 Woodward Ave
539

City
Birmingham

State
MI

Zip Code
48009-0913

Outstanding Balance Beginning This Period

209.00

Transaction ID : 1250001624

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

209.00

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)

209.00

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

209.00

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)

209.00

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

PAGE 13 OF 14

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

NAME OF COMMITTEE (In Full)

Haley Stevens for Congress

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

Capitol Compliance Associates

Nature of Debt (Purpose):

Compliance Services

Mailing Address 600 Pennsylvania Ave SE
Unit 15180City
WashingtonState
DCZip Code
20003-7508

Outstanding Balance Beginning This Period

89.87

Transaction ID : 1250001497

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

89.87

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

Capitol Compliance Associates

Nature of Debt (Purpose):

Compliance Services

Mailing Address 600 Pennsylvania Ave SE
Unit 15180City
WashingtonState
DCZip Code
20003-7508

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001645

Amount Incurred This Period

5814.66

Payment This Period

0.00

Outstanding Balance at Close of This Period

5814.66

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

NGP VAN, Inc.

Nature of Debt (Purpose):

Software

Mailing Address 655 15th St NW
Ste 650City
WashingtonState
DCZip Code
20005-5738

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001643

Amount Incurred This Period

708.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

708.75

1) **SUBTOTALS** This Period This Page (optional) ▶

6613.28

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) ▶

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

PAGE 14 OF 14

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

NAME OF COMMITTEE (In Full)

Haley Stevens for Congress

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

Elias Law Group

Nature of Debt (Purpose):

Legal Services

Mailing Address 250 Massachusetts Ave NW
Ste 400City
WashingtonState
DCZip Code
20001-5825

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250001644

Amount Incurred This Period

394.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

394.40

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)

394.40

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

7007.68

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)

7007.68