

**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

10 01 / 2024

through

M M / D D / Y Y Y Y

12 31 / 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

01 29 / 2025

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:

MM / DD / YYYY
10 / 01 / 2024

To:

MM / DD / YYYY
12 / 31 / 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)	414.27	694489.66
(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))	414.27	694439.66
8. Cash on Hand at Close of Reporting Period (from Line 27)	8732.80	
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.

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 07/05)

- If the candidate participated in the general election, use this form for the 30-day Post-General report.
- If the candidate did NOT participate in the general election, use this form for the Year-end report covering through December 31 of the election year (due on January 31).

This form is used in lieu of filling out Line Numbers 6 through 7 on Page 2 (Summary Page) and Pages 3 and 4 (the Detailed Summary Page) for the last report filed by a candidate during the current election cycle.

Write or Type Committee Name

MELISSA CONYEARS-ERVIN FOR CONGRESS

Report Covering the Period: From: 10 / 01 / 2024 To: 12 / 31 / 2024

I. RECEIPTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of 11 / 04 / 2024 (date of general election)	COLUMN C Total for 11 / 05 / 2024 (date after general election) through 12 / 31 / 2024 (last day of reporting period)
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other than Political Committees		
(i) Itemized (use Schedule A)		
0.00	705850.00	0.00
(ii) Unitemized		
0.00	18130.66	0.00
(iii) Total of contributions from individuals		
0.00	723980.66	0.00
(b) Political Party Committees		
0.00	0.00	0.00
(c) Other Political Committees		
0.00	9750.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
(d) The Candidate		
0.00	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c) and (d))		
0.00	733730.66	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))		
0.00	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, rebates, etc.)		
0.00	50.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)		
0.03	2021.95	0.03
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)		
0.03	735802.61	0.03

POST-ELECTION DETAILED SUMMARY PAGE
Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

Write or Type Committee Name

MELISSA CONYEARS-ERVIN FOR CONGRESS

Report Covering the Period: From: 10 / 01 / 2024 To: 12 / 31 / 2024

II. DISBURSEMENTS

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
17. OPERATING EXPENDITURES		
414.27	694489.66	280.18
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
0.00	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate		
0.00	0.00	0.00
(b) Of All Other Loans		
0.00	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and 19(b))		
0.00	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		
0.00	34300.00	0.00
(b) Political Party Committees		
0.00	0.00	0.00

POST-ELECTION DETAILED SUMMARY PAGE

Report of Receipts and Disbursements

FEC Form 3 (Revised 1/01)

COLUMN A Total this Period	COLUMN B Election Cycle Total as of * (date of general election) (* See page 5 for date)	COLUMN C Total for * (date after general election) through * (last day of reporting period) (* See page 5 for dates)
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(c) Other Political Committees (such as PACs)

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

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

0.00	34300.00	0.00
------	----------	------

21. OTHER DISBURSEMENTS

0.00	1000.00	0.00
------	---------	------

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

414.27	729789.66	280.18
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III. NET CONTRIBUTIONS (OTHER THAN LOANS)

(Note: Substitute in lieu of Line #6 of Summary Page for this report only; subtract Line 20(d) from Line 11(e))

0.00	699430.66	0.00
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IV. NET OPERATING EXPENDITURES

(Note: Substitute in lieu of Line #7 of Summary Page for this report only; subtract Line 14 from Line 17)

414.27	694439.66	280.18
--------	-----------	--------

V. CASH SUMMARY

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

24. TOTAL RECIEPTS THIS PERIOD (from Line 16).....

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)

9147.04
0.03
9147.07
414.27
8732.80

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 10

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

MELISSA CONYEARS-ERVIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Amaglamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Bank Fee

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
1	0		2	9		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.4161

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Amaglamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Bank Fee

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
1	1		2	7		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.4157

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Amaglamated Bank

Mailing Address 1825 K St NW

City
WashingtonState
DCZip Code
20006Purpose of Disbursement
Bank Fee

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
1	2		3	0		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.4153

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

36.00

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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☒ 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

City
PalatineState
ILZip Code
60094Purpose of Disbursement
Bank Fee

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
1	0		2	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.4162

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BMO Harris

Mailing Address PO Box 94033

City
PalatineState
ILZip Code
60094Purpose of Disbursement
Bank Fee

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
1	1		2	2		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.4158

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BMO Harris

Mailing Address PO Box 94033

City
PalatineState
ILZip Code
60094Purpose of Disbursement
Bank Fee

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
1	2		2	3		2	0	2	4

FEC Identification Number

C

Amount of Each Disbursement this Period

75.00

Transaction ID : SB17.4155

☐ Memo Item**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)

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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. SquareSpace

Mailing Address 8 Clarkson St

Date of Disbursement

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

City
New YorkState
NYZip Code
10014

FEC Identification Number

C

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.09

Transaction ID : SB17.4163

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. SquareSpace

Mailing Address 8 Clarkson St

Date of Disbursement

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

City
New YorkState
NYZip Code
10014

FEC Identification Number

C

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.09

Transaction ID : SB17.4159

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. SquareSpace

Mailing Address 8 Clarkson St

Date of Disbursement

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

City
New YorkState
NYZip Code
10014

FEC Identification Number

C

Purpose of Disbursement
Website

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

47.09

Transaction ID : SB17.4156

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

141.27

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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☒ 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. SquareSpace

Mailing Address 8 Clarkson St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
12		30		2024

City
New YorkState
NYZip Code
10014

FEC Identification Number

C

Purpose of Disbursement
website

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

12.00

Transaction ID : SB17.4152

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2024

☒	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).....▶

12.00

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

414.27