

**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

My Committee

ADDRESS (number and street)

3460 Kingsboro Road NE

Apt. 5

Atlanta

GA

30326

☐ Check if different
than previously
reported. (ACC)

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00938118

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

STATE ▼ DISTRICT

GA

06

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

2026

through

M M /

D D /

Y Y Y Y

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

Baptiste, Crystal, Shauna, ,

Signature of Treasurer

Baptiste, Crystal, Shauna, ,

Date

M M /

D D /

Y Y Y Y

04

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

My Committee

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 2026

	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))	6204.21	6204.21
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	6204.21	6204.21
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1033.03	1033.03
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1033.03	1033.03
8. Cash on Hand at Close of Reporting Period (from Line 27)	5171.18	
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

My Committee

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2026

To:

MM / DD / YYYY
03 / 31 / 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).....

1900.00

1900.00

(ii) Unitemized

4304.21

4304.21

(iii) TOTAL of contributions
from individuals ▶

6204.21

6204.21

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

6204.21

6204.21

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.....

1000.00

1000.00

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

1000.00

1000.00

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)..... ▶

7204.21

7204.21

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.....

1033.03

1033.03

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

1000.00

1000.00

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

1000.00

1000.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0.00

0.00

(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

0.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

2033.03

2033.03

III. CASH SUMMARY

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

0.00

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

7204.21

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

7204.21

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

2033.03

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

5171.18

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 10

☒ 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)

My Committee

Full Name (Last, First, Middle Initial)

Bonner, Pauline, , ,

A.

Mailing Address 9800 Hinson Drive

City

Matthews

State

NC

Zip Code

28105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Publicis Groupe

Occupation

Data Analyst

Receipt For: 2028

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 03 2026

Transaction ID : SA11AI.4176

Amount of Each Receipt this Period

400.00

☐ Memo Item

WinRed contribution

Full Name (Last, First, Middle Initial)

King, Kelvin, , ,

B.

Mailing Address 210 Spalding Lake Place

City

Sandy Springs

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer

Osprey Management

Occupation

General Contractor

Receipt For: 2028

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 03 2026

Transaction ID : SA11AI.4196

Amount of Each Receipt this Period

250.00

☐ Memo Item

WinRed contribution

Full Name (Last, First, Middle Initial)

Madison, DeShawn, , ,

C.

Mailing Address 751 Cherry Bark Lane

City

Brooklyn

State

MD

Zip Code

21225

FEC ID number of contributing
federal political committee.

C

Name of Employer

CanaTech Solutions

Occupation

Owner/Entrepreneur

Receipt For: 2028

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 24 2026

Transaction ID : SA11AI.4335

Amount of Each Receipt this Period

1000.00

☐ Memo Item

WinRed Contribution

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

1650.00

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

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 6 OF 10

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)

My Committee

Full Name (Last, First, Middle Initial)

OwensSales, Joyce, , ,

A. Mailing Address 3840 E. Marconi Avenue

City
Phoenix

State
AZ

Zip Code
85032

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2028

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 24 2026

Transaction ID : SA11AI.4332

Amount of Each Receipt this Period

250.00

☐ Memo Item
WinRed Contribution

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)..... ▶

250.00

1900.00

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 7 OF 10

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☒ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

My Committee

Full Name (Last, First, Middle Initial)

Miller, LaToya, , ,

A. Mailing Address 1125 Heartwood Street

City
White Hall

State
AR

Zip Code
71602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Retired

Occupation
Retired

Receipt For: 2028

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 06 / 2026

Transaction ID : SA13B.4341

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Loan received for campaign qualifying expenses; to repay after candidate did not qualify for 2026

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)..... ▶

1000.00

1000.00

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

PAGE 8 OF 10

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

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NAME OF COMMITTEE (In Full)

My Committee

Full Name (Last, First, Middle Initial)

A. Best Buy

Mailing Address 2537 Piedmont Road NE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2026

City
AtlantaState
GAZip Code
30324

FEC Identification Number

C H6GA06173

Purpose of Disbursement

Purchase of camera and electronics for campaign media production

001

Amount of Each Disbursement this Period

728.52

Transaction ID : SB17.4355

☐ Memo Item

Candidate Name

Baptiste, Crystal, Shauna, ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2028

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 06

Full Name (Last, First, Middle Initial)

B. WinRedMailing Address 4250 Fairfax Drive
Suite 600

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2026

City
ArlingtonState
VAZip Code
22203

FEC Identification Number

C H6GA06173

Purpose of Disbursement

Credit card processing fees

003

Amount of Each Disbursement this Period

244.51

Transaction ID : SB17.4350

☐ Memo Item

Candidate Name

Baptiste, Crystal, Shauna, ,

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2028

☒ Primary ☐ General
☐ Other (specify) ▼

State: GA

District: 06

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

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Amount of Each Disbursement this Period

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

973.03

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

973.03

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 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)

My Committee

Full Name (Last, First, Middle Initial)

A. Miller, LaToya, , ,

Mailing Address 1125 Heartwood Street

City
White HallState
ARZip Code
71602Purpose of Disbursement
Loan repayment

009

Candidate Name
Baptiste, Crystal, Shauna, ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2028
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		16		2026

FEC Identification Number

C H6GA06173

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB19B.4347

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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).....▶

1000.00

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

1000.00

SCHEDULE C (FEC Form 3)
LOANSUse separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 10

FOR LINE NUMBER:
(check only one)☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4341

My Committee

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

Election: 2028

☒ Primary☐ General☐ Other (specify) ▼

Miller, LaToya, , ,

Mailing Address

1125 Heartwood Street

City

White Hall

State

AR

ZIP Code

71602

☐ Personal Funds of the Candidate

Original Amount of Loan

1000.00

Cumulative Payment To Date

1000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
03 06 / 2026M M / D D / Y Y Y Y
3/16/2026

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).....▶

0.00

TOTALS This Period (last page in this line only).....▶

0.00

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