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

MAYFIELD FOR CONGRESS

ADDRESS (number and street) ▼ 44 Mine Rd

Ste 2347

☐ Check if different than previously reported. (ACC)

Stafford | VA | 22554 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00901538

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ DISTRICT: VA 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 08 / D D 04 / Y Y Y Y 2026 in the State of VA

(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 07 / D D 01 / Y Y Y Y 2026 through M M 07 / D D 15 / 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: Denn, Stella, , ,

Signature of Treasurer: *Denn, Stella, , ,* Date: M M 07 / D D 23 / Y Y Y 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 Only							

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SUMMARY PAGE
of Receipts and Disbursements

FEC **Form 3** (Revised 03/2016)

Write or Type Committee Name

MAYFIELD FOR CONGRESS

Report Covering the Period: From: 07/01/2026 To: 07/15/2026

	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))	0.00	22260.00
(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))	0.00	22260.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	0.00	30596.78
(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))	0.00	30596.78
8. Cash on Hand at Close of Reporting Period (from Line 27)	663.22	
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)	26987.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

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DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

MAYFIELD FOR CONGRESS

Report Covering the Period: From: 07/01/2026 To: 07/15/2026

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	14750.00
(ii) Unitemized	0.00	2510.00
(iii) TOTAL of contributions from individuals ▶	0.00	17260.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	22260.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate	0.00	12500.00
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	12500.00
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) ▶	0.00	34760.00

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	0.00	30596.78
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	3500.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	3500.00
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) ▶	0.00	34096.78

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	663.22
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	0.00
25. SUBTOTAL (add Line 23 and Line 24)	663.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	0.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	663.22

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SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
MAYFIELD FOR CONGRESS

Transaction ID : SC/10.4112

LOAN SOURCE Full Name (Last, First, Middle Initial)
MAYFIELD, DARIUS, , ,

[ ] Memo Item

Mailing Address
1070 CORIANDER LN

City: STAFFORD | State: VA | ZIP Code: 22554

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	3500.00	6500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/11/2025	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
Mailing Address
City | State | ZIP Code
Name of Employer
Occupation
Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 6500.00

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

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

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SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [X] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full)
MAYFIELD FOR CONGRESS

Transaction ID : SC/10.4113

LOAN SOURCE Full Name (Last, First, Middle Initial)
MAYFIELD, DARIUS, , ,

[ ] Memo Item

Mailing Address
1070 CORIANDER LN

City: STAFFORD | State: VA | ZIP Code: 22554

Election: 2026
- [X] Primary
- [ ] General
- [ ] Other (specify) ▼

[X] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/27/2025	On Demand	0.00 % (apr)	[ ] Yes [X] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Mailing Address
   City | State | ZIP Code
   Name of Employer
   Occupation
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶	2500.00
TOTALS This Period (last page in this line only) ▶	9000.00

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

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
- [X] 10

NAME OF COMMITTEE (In Full)

MAYFIELD FOR CONGRESS

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

Chalmers, Adams, Backer & Kaufman LLC

Mailing Address 5805 State Bridge Rd
G77

City: Johns Creek | State: GA | Zip Code: 30097

Nature of Debt (Purpose): Legal Services

Outstanding Balance Beginning This Period: 12145.00

Transaction ID : SD10.4140

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 12145.00

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

Chalmers, Adams, Backer & Kaufman LLC

Mailing Address 5805 State Bridge Rd
G77

City: Johns Creek | State: GA | Zip Code: 30097

Nature of Debt (Purpose): Legal Services

Outstanding Balance Beginning This Period: 4235.00

Transaction ID : SD10.4268

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 4235.00

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

MAYFIELD, DARIUS, , ,

Mailing Address 1070 CORIANDER LN

City: STAFFORD | State: VA | Zip Code: 22554

Nature of Debt (Purpose): PO Box Rental

Outstanding Balance Beginning This Period: 201.00

Transaction ID : SD10.4131

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 201.00

1) **SUBTOTALS** This Period This Page (optional) ▶	16581.00
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)

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

NAME OF COMMITTEE (In Full)

MAYFIELD FOR CONGRESS

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

MAYFIELD, DARIUS, , ,

Mailing Address 1070 CORIANDER LN

City: STAFFORD | State: VA | Zip Code: 22554

Nature of Debt (Purpose): Website Developement

Outstanding Balance Beginning This Period: 1250.00

Transaction ID : SD10.4132

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 1250.00

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

MAYFIELD, DARIUS, , ,

Mailing Address 1070 CORIANDER LN

City: STAFFORD | State: VA | Zip Code: 22554

Nature of Debt (Purpose): Video Shoot

Outstanding Balance Beginning This Period: 156.00

Transaction ID : SD10.4133

Amount Incurred This Period: 0.00

Payment This Period: 0.00

Outstanding Balance at Close of This Period: 156.00

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

Mailing Address

City | State | Zip Code

Nature of Debt (Purpose):

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) ▶	1406.00
2) **TOTALS** This Period (last page this line number only) ▶	17987.00
3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ▶	9000.00
4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶	26987.00