

**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

HAMPTON HARRIS FOR CONGRESS

ADDRESS (number and street)

PO BOX 249

Check if different  
than previously  
reported. (ACC)

LOWNDESBORO

AL

36752-0249

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00934398

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

STATE ▼ DISTRICT

AL

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 / 30 / 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 HARRIS, HAMPTON, , ,

Signature of Treasurer

HARRIS, HAMPTON, , ,

Date

M M / D D / Y Y Y Y  
07 / 10 / 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

**HAMPTON HARRIS FOR CONGRESS**

Report Covering the Period:

From:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

To:

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

|                                                                                                                  | COLUMN A<br>This Period | COLUMN B<br>Election Cycle-to-Date |
|------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|
| 6. Net Contributions (other than loans)                                                                          |                         |                                    |
| (a) Total Contributions<br>(other than loans) (from Line 11(e)) ....                                             | 23596.91                | 32805.82                           |
| (b) Total Contribution Refunds<br>(from Line 20(d)) .....                                                        | 0.00                    | 1.00                               |
| (c) Net Contributions (other than loans)<br>(subtract Line 6(b) from Line 6(a)) .....                            | 23596.91                | 32804.82                           |
| 7. Net Operating Expenditures                                                                                    |                         |                                    |
| (a) Total Operating Expenditures<br>(from Line 17) .....                                                         | 9871.96                 | 18705.19                           |
| (b) Total Offsets to Operating<br>Expenditures (from Line 14) .....                                              | 0.00                    | 0.00                               |
| (c) Net Operating Expenditures<br>(subtract Line 7(b) from Line 7(a)) .....                                      | 9871.96                 | 18705.19                           |
| 8. Cash on Hand at Close of<br>Reporting Period (from Line 27) .....                                             | 219109.63               |                                    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                    |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | 266000.56               |                                    |

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov).**

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

HAMPTON HARRIS FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY  
04 / 30 / 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).....

21108.20

26153.71

(ii) Unitemized .....

1488.71

5402.11

(iii) TOTAL of contributions  
from individuals ▶

22596.91

31555.82

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees  
(such as PACs) .....

1000.00

1250.00

(d) The Candidate .....

0.00

0.00

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

23596.91

32805.82

12. TRANSFERS FROM OTHER  
AUTHORIZED COMMITTEES .....

0.00

0.00

## 13. LOANS:

(a) Made or Guaranteed by the  
Candidate.....

0.00

205510.00

(b) All Other Loans.....

0.00

0.00

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

0.00

205510.00

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)..... ▶

23596.91

238315.82

# **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.....

9871.96

18705.19

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

1.00

(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

1.00

21. OTHER DISBURSEMENTS .....

0.00

500.00

22. **TOTAL DISBURSEMENTS**

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

9871.96

19206.19

**III. CASH SUMMARY**

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

205384.68

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

23596.91

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

228981.59

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

9871.96

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

219109.63

# **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 30

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

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NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

BOLDT, WILLIAM, , ,

**A.**

Mailing Address 1273 SWEETWOOD CIR

City

AUBURN

State

AL

Zip Code

36830

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ONWARD

Occupation

MINISTER

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 08 2026

Transaction ID : A13977DF998F246C693C

Amount of Each Receipt this Period

500.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address 4250 FAIRFAX DR  
STE 600

City

ARLINGTON

State

VA

Zip Code

22203-1665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

5187.39

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 08 2026

Transaction ID : A1EE22192B5024FCB818

Amount of Each Receipt this Period

500.00

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

BURKHALTER, WILLIAM, , ,

**C.**

Mailing Address 192 FOREST QUEEN DR

City

PIKE ROAD

State

AL

Zip Code

36064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2026

Transaction ID : A66A3B1AE30144963A0A

Amount of Each Receipt this Period

3500.00

☐ Memo Item

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

4000.00

**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 30

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

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NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

CARLSON, EDDIE, , ,

**A.**

Mailing Address 197 COLLIER RD

City

GRADY

State

AL

Zip Code

36036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

REALTOR

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2026

Transaction ID : ADD0EB2464C9B48729AB

Amount of Each Receipt this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

GILL, G., WILLIAM, ,

**B.**

Mailing Address 7236 GREENFIELD RD

City

MONTGOMERY

State

AL

Zip Code

36117-7504

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2026

Transaction ID : A1063C7470546497383D

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HARRIS, JOHN, , ,

**C.**

Mailing Address 530 FARMINGTON RD

City

MONTGOMERY

State

AL

Zip Code

36109-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2026

Transaction ID : A6EE08B3FD4A6492B88B

Amount of Each Receipt this Period

14000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

15750.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 30

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

HARRIS, JOHN, , ,

**A.**

Mailing Address 530 FARMINGTON RD

City  
MONTGOMERYState  
ALZip Code  
36109-4610FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2026

Transaction ID : A770D1F1D344E4EC8A52

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REDESIGNATION FROM

**B.**

Full Name (Last, First, Middle Initial)

HARRIS, JOHN, , ,

Mailing Address 530 FARMINGTON RD

City  
MONTGOMERYState  
ALZip Code  
36109-4610FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☐ Primary ☒ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2026

Transaction ID : A1DD4970D98324C6CA20

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REDESIGNATION TO

**C.**

Full Name (Last, First, Middle Initial)

HARRIS, JOHN, , ,

Mailing Address 530 FARMINGTON RD

City  
MONTGOMERYState  
ALZip Code  
36109-4610FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

7000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2026

Transaction ID : A156F38D77D9D4E9EA29

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REATTRIBUTION FROM

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

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 30

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

HARRIS, JOHN, , ,

**A.**

Mailing Address 530 FARMINGTON RD

City

MONTGOMERY

State

AL

Zip Code

36109-4610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : A29A2DA5C8DC440FC870

Amount of Each Receipt this Period

- 3500.00

☒ Memo Item

REATTRIBUTION FROM

**B.**

Full Name (Last, First, Middle Initial)

HARRIS, GLORIA, , ,

Mailing Address 530 FARMINGTON RD

City

MONTGOMERY

State

AL

Zip Code

36109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☐ Primary  
☐ Other (specify) ▼☒ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : AA0CDFEC9233C4851BA2

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REATTRIBUTION TO

**C.**

Full Name (Last, First, Middle Initial)

HARRIS, GLORIA, , ,

Mailing Address 530 FARMINGTON RD

City

MONTGOMERY

State

AL

Zip Code

36109

FEC ID number of contributing  
federal political committee.

C

Name of Employer

INFORMATION REQUESTED

Occupation

INFORMATION REQUESTED

Receipt For: 2026

☒ Primary  
☐ Other (specify) ▼☐ General

Election Cycle-to-Date ▼

7000.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : A0AA466E2B7FB40CE89B

Amount of Each Receipt this Period

3500.00

☒ Memo Item

REATTRIBUTION TO

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

0.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 30

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

MCFARLAND, WILLIAM, , ,

**A.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

250.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : A726D92F1AE3349A4A1E

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PRICKETT, FAY, , ,

**B.**

Mailing Address 510 GOUDE LN

City

CECIL

State

AL

Zip Code

36013-3630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : A5ACA755FCF474DEEB87

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PRICKETT, FAY, , ,

**C.**

Mailing Address 510 GOUDE LN

City

CECIL

State

AL

Zip Code

36013-3630

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

575.00

Date of Receipt

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

Transaction ID : A414BF21336DA4C58BB5

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 30

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

PRICKETT, LORENZO, , ,

**A.**

Mailing Address 510 GOUDE LN

City  
CECILState  
ALZip Code  
36013-3630FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2026

Transaction ID : AFE1F30B62B7A4EA0960

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

PRICKETT, LORENZO, , ,

**B.**

Mailing Address 510 GOUDE LN

City  
CECILState  
ALZip Code  
36013-3630FEC ID number of contributing  
federal political committee.

C

Name of Employer  
INFORMATION REQUESTEDOccupation  
INFORMATION REQUESTED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2026

Transaction ID : A57ACFC6F89754915844

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

RUSSELL, RANDALL, , ,

**C.**

Mailing Address 4164 S MT ZION RD

City  
GREENVILLEState  
ALZip Code  
36037FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIREDOccupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

220.01

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2026

Transaction ID : AE5A911C5C74A43AC8EA

Amount of Each Receipt this Period

100.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

300.00

# **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 11 OF 30

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

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NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

VOLLMER, MICHELLE, , ,

**A.**

Mailing Address 5961 COUNTY ROAD 708

City

ENTERPRISE

State

AL

Zip Code

36330

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

208.20

Date of Receipt

M M / D D / Y Y Y Y  
06 17 2026

Transaction ID : A1824513533C444B18E1

Amount of Each Receipt this Period

208.20

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name (Last, First, Middle Initial)

WINRED

**B.**

Mailing Address 4250 FAIRFAX DR  
STE 600

City

ARLINGTON

State

VA

Zip Code

22203-1665

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

5187.39

Date of Receipt

M M / D D / Y Y Y Y  
06 17 2026

Transaction ID : A28EA5126C448451B909

Amount of Each Receipt this Period

208.20

☒ Memo Item

INTERMEDIARY

TOTAL EARMARKED THROUGH CONDUIT. PAC  
LIMIT NOT AFFECTED.

Full Name (Last, First, Middle Initial)

WHITT, SHARON, , ,

**C.**

Mailing Address 480 TOWNE LAKE PL

City

MONTGOMERY

State

AL

Zip Code

36117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1182.78

Date of Receipt

M M / D D / Y Y Y Y  
06 30 2026

Transaction ID : A7BEA896463024DB0977

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

408.20

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 30

|                                         |                              |                              |                              |                             |
|-----------------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 11d | <input type="checkbox"/> 15 |
| 12                                      | 13a                          | 13b                          | 14                           |                             |

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NAME OF COMMITTEE (In Full)

HAMPTON HARRIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

WHITT, SHARON, , ,

A.

Mailing Address 480 TOWNE LAKE PL

City

MONTGOMERY

State

AL

Zip Code

36117

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

1182.78

Date of Receipt

M M / D D / Y Y Y Y Y  
06 30 2026

Transaction ID : AFA4537465D774189946

Amount of Each Receipt this Period

200.00

☐ Memo Item

B.

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

☐ Memo Item

C.

Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

☐ Memo Item

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

200.00

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

21108.20

# **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 13 OF 30

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

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NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

Full Name (Last, First, Middle Initial)

PROJECTHEALTHSOLUTIONS PAC - PHSPAC

**A.**

Mailing Address P.O. BOX 425

City  
ROSWELL

State  
GA

Zip Code  
30077-0425

FEC ID number of contributing  
federal political committee.

**C** C00386755

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 30 2026

Transaction ID : A59C8DCCD88964C60800

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

PAGE 14 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

HAMPTON HARRIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. AMA**

Mailing Address 885 NEW JERSEY AVE SE

City  
WASHINGTONState  
DCZip Code  
20003-3385Purpose of Disbursement  
FOOD AND BEVERAGE

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

265.41

Transaction ID : B2DF76F8C21684629B40

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CALLAHAN, GREG, , ,**

Mailing Address PO BOX 249

City  
LOWNDESBOROState  
ALZip Code  
36752-0249Purpose of Disbursement  
SIGN PRINTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 7 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

1652.56

Transaction ID : BAB7E02FEAF9C403BA00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. DAVIS DIRECT**

Mailing Address 1241 NEWELL PKWY

City  
MONTGOMERYState  
ALZip Code  
36110-3212Purpose of Disbursement  
PRINTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                                  |
|-------------------------------------|-------------------|----------------------------------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> General |
| <input type="checkbox"/>            | Other (specify) ▼ |                                  |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

148.50

Transaction ID : B8891C2C1A3824151AA9

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

2066.47

**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 15 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

HAMPTON HARRIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. DAVIS DIRECT**

Mailing Address 1241 NEWELL PKWY

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 2 | 6 |

City  
MONTGOMERYState  
ALZip Code  
36110-3212

FEC Identification Number

C

Purpose of Disbursement  
PRINTING

001

Amount of Each Disbursement this Period

238.00

Transaction ID : B9EAF9C91A1E4F4CA1AE9

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. DAVIS DIRECT**

Mailing Address 1241 NEWELL PKWY

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 3 |   | 2 | 0 | 2 | 6 |

City  
MONTGOMERYState  
ALZip Code  
36110-3212

FEC Identification Number

C

Purpose of Disbursement  
PRINTING

001

Amount of Each Disbursement this Period

198.00

Transaction ID : B4A6BF8D9FB034085947

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. DAVIS DIRECT**

Mailing Address 1241 NEWELL PKWY

Date of Disbursement

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

City  
MONTGOMERYState  
ALZip Code  
36110-3212

FEC Identification Number

C

Purpose of Disbursement  
PRINTING

001

Amount of Each Disbursement this Period

339.50

Transaction ID : B1021F09AF651492A88F

☐ Memo Item

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

775.50

**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 16 OF 30

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

HAMPTON HARRIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. DUKES, DYLAN, , ,**

Mailing Address

City

State

Zip Code

Purpose of Disbursement  
CAMPAIGN CONSULTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 0 | 9 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

2200.00

Transaction ID : B9C9A4B612E0C41E9B3E

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FRONTIER AIRLINES**

Mailing Address 4545 AIRPORT WAY

City

DENVER

State

CO

Zip Code

80239-5716

Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

313.00

Transaction ID : BB509FA4201484F7286D

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. LAMAR ADVERTISING**

Mailing Address 4507 N MAIN ST

City

VICTORIA

State

TX

Zip Code

77904-4004

Purpose of Disbursement  
PRINTING

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 8 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

568.56

Transaction ID : B35009C621C714092A7E

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

3081.56

**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 17 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| 20a                                    | 20b                         | 20c                          | 21                           |

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NAME OF COMMITTEE (In Full)

HAMPTON HARRIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. MAILCHIMP**

Mailing Address 675 PONCE DE LEON AVE NE

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 |   | 2 | 8 |   | 2 | 0 | 2 | 6 |

City  
ATLANTAState  
GAZip Code  
30308-1829

FEC Identification Number

C

Purpose of Disbursement  
EMAILING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : BFECDB07BB6AD489F8B1

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. MAILCHIMP**

Mailing Address 675 PONCE DE LEON AVE NE

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 9 |   | 2 | 0 | 2 | 6 |

City  
ATLANTAState  
GAZip Code  
30308-1829

FEC Identification Number

C

Purpose of Disbursement  
EMAILING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

75.00

Transaction ID : B48F78EED3A1F43DA96B

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. NUMINAR ANALYTICAL**

Mailing Address 1201 WILSON BLVD

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 8 |   | 2 | 0 | 2 | 6 |

City  
ARLINGTONState  
VAZip Code  
22209-2300

FEC Identification Number

C

Purpose of Disbursement  
SOFTWARE SUBSCRIPTION

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

2500.00

Transaction ID : BF9D4381AEE6946B8A3F

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

2650.00

**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 18 OF 30

|                                        |                             |                              |                              |
|----------------------------------------|-----------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18 | <input type="checkbox"/> 19a | <input type="checkbox"/> 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)

HAMPTON HARRIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. SIGNGUY**

Mailing Address 3019 WILSON ST

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 6 |   | 2 | 0 | 2 | 6 |

City  
PELHAMState  
ALZip Code  
35124-1856

FEC Identification Number

C

Purpose of Disbursement  
PRINTING

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : B08AE8B0575E94D249BF

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**B. SYMPHONY HOUSE**

Mailing Address 2537 BROADWAY AT 95TH ST

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 2 | 4 |   | 2 | 0 | 2 | 6 |

City  
NEW YORKState  
NYZip Code  
10025

FEC Identification Number

C

Purpose of Disbursement  
EVENT SITE RENTAL

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

250.00

Transaction ID : B54651564586C427E9EF

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Full Name (Last, First, Middle Initial)

**C. UBER**

Mailing Address 1725 3RD ST

Date of Disbursement

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

City  
SAN FRANCISCOState  
CAZip Code  
94158-2203

FEC Identification Number

C

Purpose of Disbursement  
TRAVEL

001

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

55.32

Transaction ID : B2764CB35699C493F9FF

☐ Memo Item

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

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

555.32

**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 19 OF 30

|                                        |                              |                              |                              |
|----------------------------------------|------------------------------|------------------------------|------------------------------|
| <input checked="" type="checkbox"/> 17 | <input type="checkbox"/> 18  | <input type="checkbox"/> 19a | <input type="checkbox"/> 19b |
| <input type="checkbox"/> 20a           | <input type="checkbox"/> 20b | <input type="checkbox"/> 20c | <input type="checkbox"/> 21  |

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NAME OF COMMITTEE (In Full)

HAMPTON HARRIS FOR CONGRESS

Full Name (Last, First, Middle Initial)

**A. WINRED TECHNICAL SERVICES**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203-1665Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 1 | 8 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

12.30

Transaction ID : B6655F9AB7774477688B

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. WINRED TECHNICAL SERVICES**Mailing Address 4250 FAIRFAX DR  
STE 600City  
ARLINGTONState  
VAZip Code  
22203-1665Purpose of Disbursement  
CREDIT CARD FEES

001

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For: 2026

|                                     |                   |                          |         |
|-------------------------------------|-------------------|--------------------------|---------|
| <input checked="" type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/>            | Other (specify) ▼ |                          |         |

State:

District:

Date of Disbursement

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 |   | 3 | 0 |   | 2 | 0 | 2 | 6 |

FEC Identification Number

C

Amount of Each Disbursement this Period

3.94

Transaction ID : B47466429F7B9486EB3E

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

|                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | House     |
| <input type="checkbox"/> | Senate    |
| <input type="checkbox"/> | President |

Disbursement For:

|                          |                   |                          |         |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary           | <input type="checkbox"/> | General |
| <input type="checkbox"/> | 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).....▶

16.24

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

9145.09

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

PAGE 20 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : CEF2F02B92AAD4A25B40

HAMPTON HARRIS FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

HARRIS, HAMPTON, , ,

Mailing Address

P.O. BOX 249

City

LOWNDESBORO

State

AL

ZIP Code

36752-0249

☒ Personal Funds of the Candidate

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 29 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

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).....▶

5000.00

**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.

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

PAGE 21 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : C9D7C89C789114BECB05

HAMPTON HARRIS FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

HARRIS, HAMPTON, , ,

Mailing Address

P.O. BOX 249

City

LOWNDESBORO

State

AL

ZIP Code

36752-0249

☒ Personal Funds of the Candidate

Original Amount of Loan

200000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

200000.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
03 19 / 2026

M M / D D / Y Y Y Y

NONE

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).....▶

200000.00

**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.

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

PAGE 22 OF 30

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

NAME OF COMMITTEE (In Full)

Transaction ID : C2DC83B9301724BE6845

HAMPTON HARRIS FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

HARRIS, HAMPTON, , ,

Mailing Address

P.O. BOX 249

City

LOWNDESBORO

State

AL

ZIP Code

36752-0249

☒ Personal Funds of the Candidate

Original Amount of Loan

510.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

510.00

**TERMS**

Date Incurred

Date Due

Interest Rate  
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y  
01 14 / 2026

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

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).....▶

510.00

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

205510.00

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)

PAGE 23 OF 30

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

NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

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

HARRIS, HAMPTON, , ,

Nature of Debt (Purpose):

MILEAGE, DATA AND FILING FEES

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

13669.45

Transaction ID : DB21AD8A79A344ABCA51

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13669.45

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

HARRIS, HAMPTON, , ,

Nature of Debt (Purpose):

MILEAGE

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

2553.45

Transaction ID : DD7290CF2EE88432D8A0

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2553.45

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

HARRIS, HAMPTON, , ,

Nature of Debt (Purpose):

DONATION

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D0754914B1FE246729D5

Amount Incurred This Period

176.65

Payment This Period

0.00

Outstanding Balance at Close of This Period

176.65

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

16399.55

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 24 OF 30

FOR LINE NUMBER:  
(check only one)

☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

HAMPTON HARRIS FOR CONGRESS

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

HARRIS, HAMPTON, , ,

Nature of Debt (Purpose):

WORDPRESS

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D6C3870F16BE74892ADE

Amount Incurred This Period

35.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

35.00

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

HARRIS, HAMPTON, , ,

Nature of Debt (Purpose):

DONATION

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D6AAE7CAC84A84A5ABA5

Amount Incurred This Period

50.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

50.00

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

HARRIS, HAMPTON, , ,

Nature of Debt (Purpose):

STRATEGIC CONSULTING

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D96996C073B634C09B6D

Amount Incurred This Period

1362.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1362.00

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

1447.00

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)

PAGE 25 OF 30

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

NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

CANDIDATE FORUM

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : DF00DC03602FF45DAA52

Amount Incurred This Period

32.80

Payment This Period

0.00

Outstanding Balance at Close of This Period

32.80

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

ONLINE SERVICES

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : DA361739D74F74E2CBD9

Amount Incurred This Period

400.50

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.50

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

WORDPRESS

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : DDB05EEB927EF4D62A90

Amount Incurred This Period

66.40

Payment This Period

0.00

Outstanding Balance at Close of This Period

66.40

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

499.70

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 26 OF 30

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

NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

ONLINE SERVICES

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : DBF45C80DDAB44220B0A

Amount Incurred This Period

3395.97

Payment This Period

0.00

Outstanding Balance at Close of This Period

3395.97

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

TREY TAYLOR

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D8394F11C2C954AB9A7A

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

WIRE FEE

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D104F3A5D64B3451CA18

Amount Incurred This Period

25.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

25.00

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

8420.97

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 27 OF 30

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

NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

WORDPRESS

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D7224EFC95EA04D158A3

Amount Incurred This Period

204.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

204.00

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

REGIONS

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : DEB4CA29E77934B6CAA6

Amount Incurred This Period

510.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

510.00

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

CREDIT CARD EXPENSES

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D23935A4719244CF5BC0

Amount Incurred This Period

6657.67

Payment This Period

0.00

Outstanding Balance at Close of This Period

6657.67

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

7371.67

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 28 OF 30

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

NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

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

HARRIS, HAMPTON, , ,

Nature of Debt (Purpose):

META

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : DC1A5FCA5AA364246AA5

Amount Incurred This Period

48.06

Payment This Period

0.00

Outstanding Balance at Close of This Period

48.06

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

HARRIS, HAMPTON, , ,

Nature of Debt (Purpose):

HYATT HOTEL

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D42FED78D360E4596933

Amount Incurred This Period

194.83

Payment This Period

0.00

Outstanding Balance at Close of This Period

194.83

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

HARRIS, HAMPTON, , ,

Nature of Debt (Purpose):

META

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : DED919336916E42648FA

Amount Incurred This Period

18.33

Payment This Period

0.00

Outstanding Balance at Close of This Period

18.33

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

261.22

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 29 OF 30

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

NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

DONATION

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D926B268F376A4A6297D

Amount Incurred This Period

3480.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3480.00

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

ONLINE SERVICES

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D8D82C04ADE964AE1BEE

Amount Incurred This Period

1926.28

Payment This Period

0.00

Outstanding Balance at Close of This Period

1926.28

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

CREDIT CARD EXPENSES

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : D72F357DD06C740FEAC8

Amount Incurred This Period

8552.72

Payment This Period

0.00

Outstanding Balance at Close of This Period

8552.72

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

13959.00

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)

PAGE 30 OF 30

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

NAME OF COMMITTEE (In Full)

**HAMPTON HARRIS FOR CONGRESS**

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

CREDIT CARD EXPENSES

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : DF8E695FE889241ADA0C

Amount Incurred This Period

7131.45

Payment This Period

0.00

Outstanding Balance at Close of This Period

7131.45

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

**HARRIS, HAMPTON, , ,**

Nature of Debt (Purpose):

TREY TAYLOR

Mailing Address P.O. BOX 249

City

LOWNDESBORO

State

AL

Zip Code

36752-0249

Outstanding Balance Beginning This Period

0.00

Transaction ID : DF09E0244346844F2ABA

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

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) .....

12131.45

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

60490.56

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

205510.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

266000.56