

**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

Committee to Elect Pamela DeLancy for Congress

ADDRESS (number and street)

103 Haskell Ct

Check if different
than previously
reported. (ACC)

McDonough

GA

30253

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00933283

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

GA

10

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
01 / 01 / 2026

through

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

White Foster, Trinise, , ,

Signature of Treasurer

White Foster, Trinise, , ,

Date

M M / D D / Y Y Y Y
04 / 13 / 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

Committee to Elect Pamela DeLancy for Congress

Report Covering the Period:

From:

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

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	2	6

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	5375.00	5375.00
(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))	5375.00	5375.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4509.60	4509.60
(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))	4509.60	4509.60
8. Cash on Hand at Close of Reporting Period (from Line 27)	3865.40	
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)	3000.00	

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

Committee to Elect Pamela DeLancy for Congress

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).....

4550.00

4550.00

(ii) Unitemized

825.00

825.00

(iii) TOTAL of contributions
from individuals ▶

5375.00

5375.00

(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))..

5375.00

5375.00

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

3000.00

3000.00

(b) All Other Loans.....

0.00

0.00

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

3000.00

3000.00

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)..... ▶

8375.00

8375.00

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.....	4509.60	4509.60
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	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) ►	4509.60	4509.60

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8375.00
25. SUBTOTAL (add Line 23 and Line 24).....	8375.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4509.60
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	3865.40

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)

Committee to Elect Pamela DeLancy for Congress

Full Name (Last, First, Middle Initial)

Bariginere, Cynthia, , ,

A.

Mailing Address 76 S Quinsigamond Ave. Unit 7

City

Shrewsbury

State

MA

Zip Code

01545

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMASS

Occupation

Nurse

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 14 2026

Transaction ID : SA11AI.4109

Amount of Each Receipt this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Hamilton, Janie, , ,

B.

Mailing Address 4264 Wasterston Courtyard

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

retired

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
03 15 2026

Transaction ID : SA11AI.4113

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Hunter, Corneal, , ,

C.

Mailing Address 4821 Blackhawk Green Ct

City

Arlington

State

TX

Zip Code

76005

FEC ID number of contributing
federal political committee.

C

Name of Employer

n/a

Occupation

retired

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
01 17 2026

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

2050.00

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)

Committee to Elect Pamela DeLancy for Congress

Full Name (Last, First, Middle Initial)

Mathis, Damon, , ,

A.

Mailing Address 58 Litrtle Rise Dr.

City

Missouri City

State

TX

Zip Code

77459

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1025.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 09 2026

Transaction ID : SA11AI.4104

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Moore, Donna, , ,

B.

Mailing Address 4201 Sutters Court

City

Evans

State

GA

Zip Code

30809

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
nurse

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
03 15 2026

Transaction ID : SA11AI.4111

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Morrow, Oscar, , ,

C.

Mailing Address 8198 Paper Birch Dirve

City

Lorton

State

VA

Zip Code

22079

FEC ID number of contributing
federal political committee.

C

Name of Employer
n/a

Occupation
retired

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
01 19 2026

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period

1000.00

☐ Memo Item

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

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

2500.00

4550.00

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

PAGE 7 OF 10

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

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NAME OF COMMITTEE (In Full)

Committee to Elect Pamela DeLancy for Congress

Full Name (Last, First, Middle Initial)

Delancy, Pamela, , ,

Mailing Address 103 Haskell Ct

City

McDonough

State

GA

Zip Code

30253

FEC ID number of contributing
federal political committee.

C H6GA10183

Name of Employer

n/a

Occupation

retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

3000.00

Date of Receipt

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

Transaction ID : SA13A.4138

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Funds to open campaign account

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

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)..... ▶

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

3000.00

3000.00

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)

Committee to Elect Pamela DeLancy for Congress

Full Name (Last, First, Middle Initial)

A. Davenport Printing

Mailing Address 1335 S. Zack Hinton Pkwy

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		02		2026

City
McDonoughState
GAZip Code
30253

FEC Identification Number

C

Purpose of Disbursement
Caspaign Tshirts

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

524.88

Transaction ID : SB17.4129

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. lester mill investments

Mailing Address 300 Lester Mill Rd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2026

City
Locust GroveState
GAZip Code
30248

FEC Identification Number

C

Purpose of Disbursement
Committee Temp Rental Space

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.4127

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. Maggie Martinez Hotseat Podcast

Mailing Address 10096 Tara Glynn Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		04		2026

City
HamptonState
GAZip Code
30228

FEC Identification Number

C

Purpose of Disbursement
Facebook editing and ads

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

400.00

Transaction ID : SB17.4132

☐ Memo Item

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

1924.88

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

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

PAGE 9 OF 10

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

Committee to Elect Pamela DeLancy for Congress

Full Name (Last, First, Middle Initial)

A. Shadow Signs

Mailing Address 232 John Frank Ward Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		26		2026

City
McDonoughState
GAZip Code
30253

FEC Identification Number

C

Purpose of Disbursement
Yard Signs and Business Cards

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

725.00

Transaction ID : SB17.4123

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Shadow Signs

Mailing Address 232 John Frank Ward Blvd

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2026

City
McDonoughState
GAZip Code
30253

FEC Identification Number

C

Purpose of Disbursement
Yard Signs

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

648.00

Transaction ID : SB17.4131

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Voter Ping

Mailing Address voterping.com

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2026

City
AustinState
TXZip Code
78732

FEC Identification Number

C

Purpose of Disbursement
Voter mass texts to voters

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1211.72

Transaction ID : SB17.4134

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2026

☒ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

2584.72

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

4509.60

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/10.4138

Committee to Elect Pamela DeLancy for Congress

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

Delancy, Pamela, , ,

Mailing Address

103 Haskell Ct

City

McDonough

State

GA

ZIP Code

30253

☒ Personal Funds of the Candidate

Original Amount of Loan

3000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

3000.00

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

M M / D D / Y Y Y Y

n/a

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).....▶

3000.00

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

3000.00

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