

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED
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2026 JUL 16 AM 10:43
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1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

M A R Y W A T E R S F O R C O N G R E S S

ADDRESS (number and street)

1 2 7 6 N A V A R R E P L A C E



Check if different
than previously
reported. (ACC)

D E T R O I T

M I

4 8 2 0 7

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C 0 0 8 6 7 9 6 0

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

M I

1
3

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 / 01 / 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 MICHELLE STORY-STEWART

Signature of Treasurer

Michelle Story-Stewart

Date

M M / D D / Y Y Y Y
07 / 14 / 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
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Only

FEC FORM 3
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Page 2

Write or Type Committee Name

MARY WATERS FOR CONGRESS

Report Covering the Period:

From:

0 / 01 / 2026
4

To:

06 / 30 / 2026

COLUMN A
This Period

COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

4 . 8 0

4 . 8 0

(b) Total Contribution Refunds
(from Line 20(d))

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

4.80

4.80

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

9 , 8 1 6 . 2 0

9,816.20

(b) Total Offsets to Operating
Expenditures (from Line 14)

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

9,816.20

9,816.20

8. Cash on Hand at Close of Reporting Period (from Line 27)

2 , 6 5 4 . 7 4

9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)

10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)

12,000

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

NON-PROFIT ORGANIZATION

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Page 3

Write or Type Committee Name

MARY WATERS FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 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).....

(ii) Unitemized.....

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees.....

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

(d) The Candidate.....

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

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

13. LOANS:

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

(b) All Other Loans.....

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

14. OFFSETS TO OPERATING
EXPENDITURES
(Refunds, Rebates, etc.)

15. OTHER RECEIPTS
(Dividends, Interest, etc.)

16. TOTAL RECEIPTS (add Lines
11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)..... ▶

4 . 8 0

4.80

4.80

12,000

12,000

12,000

4 . 8 0

4.80

4.80

12,000

12,000

12,000

NON-PROFIT ORGANIZATION

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

9 , 8 1 6 . 2 0

9,816.20

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

19. LOAN REPAYMENTS:

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

(b) Of All Other Loans

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

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs)

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

21. OTHER DISBURSEMENTS

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

9,816.20

9,816.20

III. CASH SUMMARY

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

4 6 6 . 1 4

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

1 2 , 0 0 4 . 8 0

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

1 2 , 4 7 0 . 9 4

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

9,816.20

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

2 , 6 5 4 . 7 4

DISBURSEMENTS

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE		OF	
(check only one)					
☐ 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)

MARY WATERS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. MICHELLE STORY-STEWART

Mailing Address

1642 LINCOLNSHIRE DRIVE

City

DETROIT

State

MI

Zip Code

48203

FEC ID number of contributing
federal political committee.

C

Name of Employer

MSS CONSULTING

Occupation

CONSULTANT

Receipt For:

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY
06 / 24 / 2026

Amount of Each Receipt this Period

4.80

☐ 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

MM / DD / YYYY

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

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

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

4.80

4.80

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE OF

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

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NAME OF COMMITTEE (In Full)

MARY WATERS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. HANK LAW

M M / D D / Y Y Y Y
05 18 2 0 2 6

Mailing Address

PO BOX 1358

City

EAST LANSING

State

MI

Zip Code

48826

Purpose of Disbursement

LEGAL FEES

Candidate Name

MARY WATERS

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☒

Primary

☐

General

☐

Other (specify) ▼

State:

MI

District:

13

FEC Identification Number

C

Amount of Each Disbursement this Period

3 5 0 0

☐ Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. HANK LAW

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

Mailing Address

PO BOX 1358

City

EAST LANSING

State

MI

Zip Code

48826

Purpose of Disbursement

LEGAL FEES RE: SIGNATURES VERIFICATION

Candidate Name

MARY WATERS

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☒

Primary

☐

General

☐

Other (specify) ▼

State:

MI

District:

13

FEC Identification Number

C

Amount of Each Disbursement this Period

5,000

☐ Memo Item

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. THE ORIGINAL PRINT SHOPPE

M M / D D / Y Y Y Y
06 25 2 0 2 6

Mailing Address

270 S TELEGRAPH ROAD

City

PONTIAC

State

MI

Zip Code

48341

Purpose of Disbursement

ROBO CALLS

Candidate Name

MARY WATERS

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☒

Primary

☐

General

☐

Other (specify) ▼

State:

MI

District:

13

FEC Identification Number

C

Amount of Each Disbursement this Period

1,316.20

☐ Memo Item

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

9,816.20

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

9,816.20

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE OF

FOR LINE NUMBER:
(check only one)

13a
13b

NAME OF COMMITTEE (In Full)

MARY WATERS FOR CONGRESS

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

MARY WATERS

☐ Memo Item

Election:

☒ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

1276 NAVARRE PLACE

City

DETROIT

State

MI

ZIP Code

48207

☒ Personal Funds of the Candidate

Original Amount of Loan

12,000

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

12,000

TERMS

Date Incurred

Date Due

Interest Rate

(If none, enter 0)

Secured:

MM / DD / YY
05 / 18 / 2026

MM / DD / YY
09 / 30 / 2026

MM / DD / YY
09 / 30 / 2026

MM / DD / YY
09 / 30 / 2026

MM / DD / YY
09 / 30 / 2026

MM / DD / YY
09 / 30 / 2026

MM / DD / YY
09 / 30 / 2026

0 % (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).....

12,000

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

12,000

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

NON-PROFIT CORPORATION

SCHEDULE C-1 (FEC Form 3)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C.

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) MARY WATERS FOR CONGRESS			FEC IDENTIFICATION NUMBER C		
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan 		Interest Rate (APR) %	
Mailing Address		Date Incurred or Established 		Date Due 	
City	State	Zip Code			
A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred					
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:			
C. Are other parties secondarily liable for the debt incurred? ☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? ☐ No ☐ Yes If yes, specify: _____				What is the value of this collateral? Does the lender have a perfected security interest in it? ☐ No ☐ Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify: _____				What is the estimated value? 	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established:		Location of account: Address: _____ City, State, Zip: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name _____ Signature _____				DATE 	
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name _____ Signature _____				DATE 	
Title _____					

Excluding Loans

FOR LINE NUMBER:
(check only one)

9
10

MARY WATERS FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance at Close of This Period

Diagram illustrating the structure of the frame, showing 12 vertical supports labeled 1 through 12, arranged horizontally. The frame is a rectangular structure with a top and bottom horizontal member connected by vertical lines at each support.



C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	



Outstanding Balance at Close of This Period



A diagram of a rectangular frame with a grid of points. The top edge has 5 points, the bottom edge has 5 points, the left edge has 5 points, and the right edge has 5 points. The interior of the rectangle is empty.

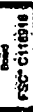
PRESS FIRMLY TO SEAL



DO NOT WRITE IN THESE AREAS
PRESS FIRMLY TO SEAL

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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NECESSARY
IF MAILED
IN THE
UNITED STATES



UNITED STATES
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Retail

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\$35.90

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07/14/26
2525020221-7

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MARY WATERS
FOR CONGRESS
1276 NAVARRE PL
DETROIT MI 48207-3014
(513) 226-1581

SCHEDULED DELIVERY DAY: 07/15/28 06:00 PM

AT RATE
VELOPE
ATE ■ ANY WEIGHT

C062

SHIP TO:

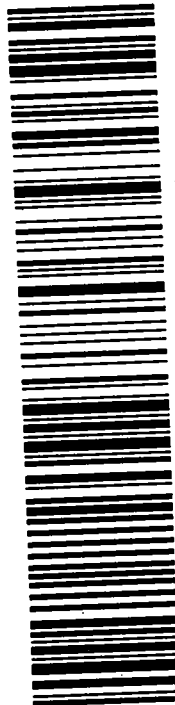
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FEDERAL ELECTION COMMISSION
1050 1ST ST NE
WASHINGTON DC 20002-5859



20463

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OD: 12 1/2 x 9 1/2



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NOV 03 10 10 AM '26

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☐ No Postmark		
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PREPARER	DATE PREPARED	