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REPORT OF RECEIPTS AND DISBURSEMENTS

FORIVI 3	Office Use Only			
NAME OF COMMITTEE (in full) TYPE		ample: If typing, type er the lines.	12FE4M5	
Carmelita for Congress				I
ADDRESS (number and street)	5 Milan Ct			
▼				
Check if different than previously reported. (ACC)	hville		MI 4816	67
2. FEC IDENTIFICATION NUMBER	CITY ▲		STATE ▲	ZIP CODE ▲
C C00735910	3. IS THIS REPORT	NEW (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Choose O	ne) (b) 12-Day PRE	-Election Report for the	,.	
(a) Quarterly Reports:	(b) 12-Day FRE			
April 15 Quarterly Report (Q1)	Primary (12P)	General (12G)	Runoff (12R)
=		Convention (12C)	Special (12S)	
July 15 Quarterly Report (Q2)	M M / D D	/ Y Y Y Y	in the
October 15 Quarterly Repo	ort (Q3) Election on	W W / B B		State of
January 31 Year-End Repo	rt (YE) (c) 30-Day POS	T-Election Report for the	ne:	
	(, 33 24, 100			0 : 1 (000)
		General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M M / D D	/	in the State of
5. Covering Period 10	01 / Y Y Y Y Y Y Y 2021	through 1.	M / D D / Y 31	Y Y Y 2021
I certify that I have examined this Report Till Type or Print Name of Treasurer	ort and to the best of my kn strom, Val, , ,	owledge and belief it is	s true, correct and cor	mplete.
Tillstrom, Vo	l, , ,	[Electronically Filed]	Date 01	24 / Y Y Y Y Y Y 2022
NOTE: Submission of false, erroneous, or	incomplete information may	subject the person signin	ng this Report to the pe	enalties of 52 U.S.C. §30109
Office				
Use Only				FEC FORM 3 (Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

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FEC Form 3 (Revised 05/2016)

Write or Type Committee Name Carmelita for Congress

2021 10 2021 12 01 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 0.00 164833.15 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 10.00 (from Line 20(d)) (c) Net Contributions (other than loans) 0.00 164823.15 (subtract Line 6(b) from Line 6(a)) 7. Net Operating Expenditures (a) Total Operating Expenditures 0.00 578423.96 (from Line 17) (b) Total Offsets to Operating 0.00 0.00 Expenditures (from Line 14)..... (c) Net Operating Expenditures 0.00 578423.96 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 1231.47 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 413300.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 05/2016)

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Write or Type Committee Name

10 12 01 2021 31 2021 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 0.00 144962.31 (i) Itemized (use Schedule A)..... 235.00 0.00 (ii) Unitemized..... (iii) TOTAL of contributions 0.00 145197.31 from individuals 0.00 0.00 Political Party Committees..... Other Political Committees 0.00 0.00 (such as PACs)..... 0.00 19635.84 The Candidate..... (d) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d)).. 0.00 164833.15 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES 13. LOANS: (a) Made or Guaranteed by the 0.00 427000.00 Candidate..... 0.00 0.00 (b) All Other Loans..... TOTAL LOANS 0.00 427000.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 0.00 (Refunds, Rebates, etc.) 15. OTHER RECEIPTS 0.00 2967.17 (Dividends, Interest, etc.) 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) 0.00 594800.32 (Carry Total to Line 24, page 4).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 05/2016)

pursements

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	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date			
17.	OPERATING EXPENDITURES	0.00	578423.96			
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(c) TOTAL LOAN REPAYMENTS	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	10.00			
	(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	10.00			
 21.	OTHER DISBURSEMENTS	0.00	0.00			
22.	TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	0.00	578433.96			
	III. CASH S	SUMMARY				
23.	CASH ON HAND AT BEGINNING OF REP	ORTING PERIOD	1231.47			
24	TOTAL RECEIPTS THIS PERIOD (from Line	e 16, page 3)	0.00			
25.	SUBTOTAL (add Line 23 and Line 24)		1231.47			
26.	6. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)					
27.	CASH ON HAND AT CLOSE OF REPORTI (subtract Line 26 from Line 25)	NG PERIOD	1231.47			

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

PAGE 5 OF
FOR LINE NUMBER:
(check only one)

13a

						130		
AME OF COMMITTEE (In Full) Carmelita for Congress					Transac	ction ID : SC/10.4099		
LOAN SOURCE Full Name (Last, Greco, Carmelita, , ,	First, Mi	ddle Initial)			Memo Item	Election: 2020 x Primary General		
Mailing Address 47845 Milan Ct						Other (specify)		
City		State	ZIP Cod	de		Personal Funds of the Candidate		
Northville		MI	48167					
Original Amount of Loan	0.00	Cumulative Pay	yment To	Date 0.00		ance Outstanding at Close of This Perioc		
TERMS Date Incurred		D	Date Due		Interest Rate			
M02M / D12D / Y 2020	Y	M M / D D	/ Y	ňoně	(If none, enter 0.	00		
List All Endorsers or Guarantors	(if any) t	to Loan Source						
1. Full Name (Last, First, Middle	Initial)			Name of Em	ployer			
Mailing Address				Occupation				
City	City State ZIP Code			Amount Guaranteed Outstanding:				
2. Full Name (Last, First, Middle II	nitial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		7		
3. Full Name (Last, First, Middle II	nitial)			Name of Employer				
Mailing Address				Occupation				
City	State	ZIP Code		Amount Guaranteed Outstanding:		7		
4. Full Name (Last, First, Middle II	nitial)			Name of Employer				
Mailing Address				Occupation				
City State ZIP Code			Amount Guaranteed Outstanding:					
SUBTOTALS This Period This Page (····•	100000.00		
Carry outstanding balance only to L	NE 3, Sc	hedule D, for this	s line. If	no Schedule	D, carry forv	ward to appropriate line of Summary.		

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

PAGE 6 OF
FOR LINE NUMBER:
(check only one)

13a 13b

		100
NAME OF COMMITTEE (In Full) Carmelita for Congress		Transaction ID : SC/10.4102
LOAN SOURCE Full Name (Last, First, N	Middle Initial	Floation: 2000
Greco, Carmelita, , ,	☐ Memo Item	
Mailing Address 47845 Milan Ct		Other (specify) ▼
City	State	ZIP Code Personal Funds of the Candidate
Northville	MI	48167
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
175000.00	,	0.00 175000.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
M03M / D17D / Y Ž02Ŏ Y	M M / D D	/ Y ňoně Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	1	Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City State	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional	i)	175000.00
TOTALS This Period (last page in this line of	only)	
Carry outstanding balance only to LINE 3,	Schedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

PAGE 7 OF
FOR LINE NUMBER:
(check only one)

13a 13b

NAME OF COMMITTEE (In Full) Carmelita for Congress		Transaction ID : SC/10.4234			
LOAN SOURCE Full Name (Last, First, I Greco, Carmelita, , ,	Middle Initial)	☐ Memo Item			
Mailing Address 47845 Milan Ct		Other (specify) ▼			
City	State	ZIP Code 48167 Personal Funds of the Candidate			
Northville Original Amount of Loan	Cumulative Pay				
60000.00		0.00 60000.00			
TERMS Date Incurred		ate Due Interest Rate Secured: (If none, enter 0)			
M07M / D21D / Y Ž02Õ Y	M M / D D	/ Y ňoně Y 0.00 % (apr) Yes X No			
List All Endorsers or Guarantors (if any 1. Full Name (Last, First, Middle Initial)) to Loan Source	Name of Employer			
, , ,					
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
2. Full Name (Last, First, Middle Initial)	l	Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
3. Full Name (Last, First, Middle Initial)		Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
4. Full Name (Last, First, Middle Initial)	I	Name of Employer			
Mailing Address		Occupation			
City	ZIP Code	Amount Guaranteed Outstanding:			
SUBTOTALS This Period This Page (options	ıl)	60000.00			
TOTALS This Period (last page in this line of	only)				
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.					

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

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Carmelita for Congress		Transaction ID: SC/10.4235
LOAN SOURCE Full Name (Last, First, M	liddle Initial\	Floation: 0000
Greco, Carmelita, , ,	☐ Memo Item Election: 2020	
Mailing Address 47845 Milan Ct		Other (specify) ▼
City	State	ZIP Code ** Personal Funds of the Candidate
Northville	MI	48167
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
10000.00	ļ,	0.00
TERMS Date Incurred	Γ	Date Due Interest Rate Secured: (If none, enter 0)
^M 07 ^M / ^D 27 ^D / ^Y Ž02Ŏ ^Y	M M / D D	/ Y ňoně Y 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
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	-	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
	1	Amount Guaranteed
City State	ZIP Code	Outstanding:
4. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
CURTOTAL C This Deviced This Deve (surface)	.	
SUBTOTALS This Period This Page (optional)	10000.00
TOTALS This Period (last page in this line or	nly)	······································
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

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

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FOR LINE NUMBER: (check only one)

×	13a
	13b

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OF

Transaction ID: SC/10.4236 NAME OF COMMITTEE (In Full) Carmelita for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary Greco, Carmelita, , , General Mailing Address 47845 Milan Ct Other (specify) \blacktriangledown City State ZIP Code X Personal Funds of the Candidate MI 48167 Northville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 30000.00 15000.00 15000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D30 D M 07M **2020** ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 15000.00 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.

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

FOR LINE NUMBER: (check only one)

PAGE

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X 13a 13b

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Transaction ID: SC/10.4237 NAME OF COMMITTEE (In Full) Carmelita for Congress LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2020 Memo Item Primary Greco, Carmelita, , , General Mailing Address 47845 Milan Ct Other (specify) City State ZIP Code X Personal Funds of the Candidate MI 48167 Northville Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 25000.00 0.00 25000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: (If none, enter 0) 0.00 D05D ^M80^M **2020** ňone x No % (apr) List All Endorsers or Guarantors (if any) to Loan Source Name of Employer 1. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed State ZIP Code City Outstanding: Name of Employer 2. Full Name (Last, First, Middle Initial) Occupation Mailing Address Amount Guaranteed City State ZIP Code Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: SUBTOTALS This Period This Page (optional)..... 25000.00 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.

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

FOR LINE NUMBER: (check only one)

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OF

		100
NAME OF COMMITTEE (In Full) Carmelita for Congress		Transaction ID : SC/10.4238
LOAN SOURCE Full Name (Last, First, N	Middle Initial)	Memo Item Election: 2020
Greco, Carmelita, , ,	nadic initialy	Memo Item Primary General
Mailing Address 47845 Milan Ct		Other (specify) ▼
City	State	ZIP Code ** Personal Funds of the Candidate
Northville	MI	48167
Original Amount of Loan	Cumulative Pa	yment To Date Balance Outstanding at Close of This Period
27000.00	ļ,	0.00 27000.00
TERMS Date Incurred	Γ	late Due Interest Rate Secured: (If none, enter 0)
M08M / D07D / Y Ž02Ŏ Y	M M / D D	/ Y ňoně Y 0.00 % (apr) Yes X No
List All Endorsers or Guarantors (if any)	to Loan Source	
1. Full Name (Last, First, Middle Initial)		Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount Guaranteed
City State	ZIP Code	Outstanding:
3. Full Name (Last, First, Middle Initial)	•	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	'	Name of Employer
Mailing Address		Occupation
		Amount
City	ZIP Code	Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	27000.00
TOTALS This Period (last page in this line or	nly)	412000.00
Carry outstanding balance only to LINE 3, S	chedule D, for thi	s line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

(Use separate schedule(s)

PAGE 12 OF FOR LINE NUMBER:

					r each ered line)	-	9			
	Huding Loans ME OF COMMITTEE (In Full)			Hullic	ered line)			K 10		
	· , ,	20								
_	Carmelita for Congres									
	A. Full Name (Last, First, Middle Initial) of De	Nature of Debt (Purpose): camp fin software								
	Aristotle									
	Mailing Address 205 Pennsylvania Ave, SE									
Ì	City	State	Zip Code							
	Washington	DC	20003							
	Outstanding Balance Beginning This Period				Transaction ID : SD10.4272					
	1300.00									
	Amount Incurred This Period		Payment This Period		Outstanding Balance at Close of This Period					
	0.00		0.0	00	1300.00					
	0.00		, , ,			7 7	1300.0	JU		
	B. Full Name (Last, First, Middle Initial) of Deb	otor or Creditor			Nature of Debt (Purpose):					
						() [,				
ŀ	Mailing Address									
	Mailing Address									
ı	City	State	Zip Code							
	Outstanding Balance Beginning This Period									
	Amount Incurred This Period	1	Payment This Period		Outstandir	ng Balance at Close o	of This	s Period		
	y			, , , ,						
	C. Full Name (Last, First, Middle Initial) of De	btor or Credito	or		Nature of D	ebt (Purpose):				
	Mailing Address									
	City	State	Zip Code							
	City	State	Zip Code							
Ì	Outstanding Balance Beginning This Period									
	Culturally Dualice Deginning Time Folia									
	y y									
	Amount Incurred This Period		Payment This Period	-	Outstandir	ng Balance at Close of	of This	s Period		
	, ,		, , , , , , , , , , , , , , , , , , , ,			, ,				
							_	-		
1)	SUBTOTALS This Period This Page (optional))		···· •		7	1300.0	00		
2)	TOTALS This Period (last page this line number	ber only) ······		▶			1300.0	00		
3)	TOTAL OUTSTANDING LOANS from Schedu	ıle C (last page	e only)		412000.00					
٠,	The state of the s	o hade page				412	.000.0	,,,		

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

413300.00