

**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

MELISSA BAILEY FOR CONGRESS

ADDRESS (number and street)

182 MEETINGHOUSE RD



Check if different than previously reported. (ACC)

BEDFORD

NH

03110

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00908566

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

STATE ▼ DISTRICT

NH

01

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 BAILEY, MELISSA, , ,

Signature of Treasurer

BAILEY, MELISSA, , ,

Date

M M / D D / Y Y Y Y

04 / 15 / 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

MELISSA BAILEY 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))	13648.50	102863.71
(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))	13648.50	102863.71
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	26232.52	72850.11
(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))	26232.52	72850.11
8. Cash on Hand at Close of Reporting Period (from Line 27)	156513.60	
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)	126500.00	

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

MELISSA BAILEY 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).....

11825.14

95426.82

(ii) Unitemized

1823.36

3721.58

(iii) TOTAL of contributions
from individuals ▶

13648.50

99148.40

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

1000.00

(d) The Candidate

0.00

2715.31

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

13648.50

102863.71

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

126500.00

(b) All Other Loans.....

0.00

0.00

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

0.00

126500.00

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)..... ▶

13648.50

229363.71

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.....	26232.52	72850.11
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) ►	26232.52	72850.11

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	169097.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13648.50
25. SUBTOTAL (add Line 23 and Line 24).....	182746.12
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	26232.52
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	156513.60

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

PAGE 5 OF 23

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

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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

BAILEY, MELISSA, , ,

A.

Mailing Address 182 MEETINGHOUSE RD

City

BEDFORD

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.**C** H6NH01347Name of Employer
SELFOccupation
CANDIDATE

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

134051.95

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		22		2026

Transaction ID : SA11AI.4449

Amount of Each Receipt this Period

539.00

☐ Memo Item

In-kind - SPEECH SERVICES

B.

Full Name (Last, First, Middle Initial)

Bogs, Derald R, , ,

Mailing Address 14126 Creek Court

City

Fort Myers

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.**C**Name of Employer
retiredOccupation
retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		24		2026

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period

500.00

☐ Memo ItemRECEIVED THROUGH CONDUIT WINRED, LIMIT
NOT AFFECTED**C.**

Full Name (Last, First, Middle Initial)

Copeland, Gerret, , ,

Mailing Address 242 South Washington Blvd

City

Sarasota

State

FL

Zip Code

34236

FEC ID number of contributing
federal political committee.**C**Name of Employer
retiredOccupation
retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		20		2026

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period

2000.00

☐ Memo ItemRECEIVED THROUGH CONDUIT WINRED, LIMIT
NOT AFFECTED**SUBTOTAL** of Receipts This Page (optional)..... ►

3039.00

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

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

PAGE 6 OF 23

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

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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Correia, Joshua, , ,

A.

Mailing Address 10 pondfield road

City

Bedford

State

NH

Zip Code

03110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Adjunct Professor

Occupation

Univ. of NH

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

520.51

Date of Receipt

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

Transaction ID : SA11AI.4485

Amount of Each Receipt this Period

520.51

☐ Memo ItemRECEIVED THROUGH CONDUIT WINRED, LIMIT
NOT AFFECTED

Full Name (Last, First, Middle Initial)

CRUESS, ROBERT, , ,

B.

Mailing Address 1171 SILVERSTRAND DR

City

NAPLES

State

FL

Zip Code

34110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : SA11AI.4495

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

CURELOP, JEBB, , ,

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : SA11AI.4510

Amount of Each Receipt this Period

500.00

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

1320.51

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 7 OF 23

☒ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

FROST, JEFFREY, , ,

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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
02 11 2026

Transaction ID : SA11AI.4548

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

HAMPTON, TRAVIS, , ,

B.

Mailing Address 345 QUIMBY RD

City

State

Zip Code

COLDWATER

MI

49036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

VALUE MAX PRODUCTS

WHOLESALE DISTRIBUTION

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1291.02

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 17 2026

Transaction ID : SA11AI.4530

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Knapp, Robert, , ,

C.

Mailing Address 414 15th Ave South

City

State

Zip Code

Naples

FL

34102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

retired

retired

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1041.02

Date of Receipt

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

Transaction ID : SA11AI.4458

Amount of Each Receipt this Period

1041.02

☐ Memo Item

RECEIVED THROUGH CONDUIT WINRED, LIMIT
NOT AFFECTED

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

1791.02

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 8 OF 23

☒ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

LACROIX, DEBBIE, , ,

A.

Mailing Address POBOX 330

City
ENFIELD

State
NH

Zip Code
03748

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 ▼

408.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 25 2026

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period

104.10

☐ Memo Item

RECEIVED THROUGH CONDUIT WINRED, LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)

MACDONALD, ERIC, , ,

B.

Mailing Address 285 ISLINGTON ST

City
PORTSMOUTH

State
NH

Zip Code
03801

FEC ID number of contributing
federal political committee.

C

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
03 25 2026

Transaction ID : SA11AI.4491

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

MASTROLA, PATRICK, , ,

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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
03 29 2026

Transaction ID : SA11AI.4524

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1354.10

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

PAGE 9 OF 23

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

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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

PETERSON, JAMES, , ,

A.

Mailing Address 20 QUEEN ST

City

CAPE MAY

State

NJ

Zip Code

08204

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 ▼

1141.02

Date of Receipt

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

Transaction ID : SA11AI.4473

Amount of Each Receipt this Period

100.00



Memo Item

RECEIVED THROUGH CONDUIT WINRED, LIMIT
NOT AFFECTED**B.**

Full Name (Last, First, Middle Initial)

SAWYER, JONATHAN, , ,

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

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
0	2		1	9		2	0	2	6

Transaction ID : SA11AI.4546

Amount of Each Receipt this Period

1000.00



Memo Item

C.

Full Name (Last, First, Middle Initial)

Spera, Lawrence, , ,

Mailing Address 135 Bow Street Unit 11

City

Portsmouth

State

NH

Zip Code

03801

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 ▼

1000.00

Date of Receipt

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

Transaction ID : SA11AI.4483

Amount of Each Receipt this Period

1000.00



Memo Item

RECEIVED THROUGH CONDUIT WINRED, LIMIT
NOT AFFECTED**SUBTOTAL** of Receipts This Page (optional)..... ▶

2100.00

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 10 OF 23

☒ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

STOCKSETH, STEVEN, , ,

A.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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
02 27 2026

Transaction ID : SA11AI.4543

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

SWENSON, LIZ, , ,

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

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 30 2026

Transaction ID : SA11AI.4518

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

Whitfield, Samuel, , ,

C.

Mailing Address 1406 Ruffner Road

City

Alexandria

State

VA

Zip Code

22302

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 ▼

520.51

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 26 2026

Transaction ID : SA11AI.4470

Amount of Each Receipt this Period

520.51

☐ Memo Item

RECEIVED THROUGH CONDUIT WINRED, LIMIT NOT AFFECTED

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

1520.51

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 11 OF 23

☒ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)
WINRED

A.

Mailing Address 4250 FAIRFAX DR
STE 600

City
ARLINGTON

State
VA

Zip Code
22203

FEC ID number of contributing
federal political committee.

C C00694323

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

26592.43

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 31 2026

Transaction ID : SA11AI.4507

Amount of Each Receipt this Period

6999.50

☒ Memo Item

CONTRIBUTIONS RECEIVED THROUGH CONDUIT
LIMIT NOT AFFECTED

Full Name (Last, First, Middle Initial)
Winslow, Gregory, , ,

B.

Mailing Address 1263 Dallas dr

City
Denton

State
TX

Zip Code
76205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Insurance

Jencap

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
01 23 2026

Transaction ID : SA11AI.4477

Amount of Each Receipt this Period

500.00

☐ Memo Item

RECEIVED THROUGH CONDUIT WINRED, LIMIT
NOT AFFECTED

Full Name (Last, First, Middle Initial)
Winslow, Gregory, , ,

C.

Mailing Address 1263 Dallas dr

City
Denton

State
TX

Zip Code
76205

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Insurance

Jencap

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 25 2026

Transaction ID : SA11AI.4545

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

700.00

11825.14

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

PAGE 12 OF 23

☒ 17	☐ 18	☐ 19a	☐ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ANEDOT

Mailing Address

City

State

Zip Code

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

208.30

Transaction ID : SB17.4504

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AXIOM STRATEGIESMailing Address 800 W 47TH ST
STE 200

City

KANSAS CITY

State

MO

Zip Code

64112

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4564

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AXIOM STRATEGIESMailing Address 800 W 47TH ST
STE 200

City

KANSAS CITY

State

MO

Zip Code

64112

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4565

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

5208.30

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 13 OF 23

☒ 17	☐ 18	☐ 19a	☐ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. AX MEDIA

Mailing Address

City

State

Zip Code

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2750.00

Transaction ID : SB17.4563

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BAILEY, MELISSA, , ,

Mailing Address 182 MEETINGHOUSE RD

City

BEDFORD

State

NH

Zip Code

03110

Purpose of Disbursement
In-kind - SPEECH SERVICES

Candidate Name

Office Sought:

☒	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State: NH

District: 01

Date of Disbursement

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

FEC Identification Number

C H6NH01347

Amount of Each Disbursement this Period

539.00

Transaction ID : SB17.4450

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Chelsea, Kendall, , ,

Mailing Address

City

State

Zip Code

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

810.00

Transaction ID : SB17.4607

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

4099.00

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 14 OF 23

☒ 17	☐ 18	☐ 19a	☐ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ELECT HOUSE GOP

Mailing Address 75 S Main st

Date of Disbursement

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

City
ConcordState
NHZip Code
03301

FEC Identification Number

C

Purpose of Disbursement
EVENT DONATION

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

350.00

Transaction ID : SB17.4572

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Imperiam Fundraising

Mailing Address 3929 Perkiomen Ave

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	6

City
ReadingState
PAZip Code
19606

FEC Identification Number

C

Purpose of Disbursement
FUNDRAISING SERVICES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

3160.00

Transaction ID : SB17.4590

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. JULIANA

Mailing Address

Date of Disbursement

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

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

800.00

Transaction ID : SB17.4614

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

4310.00

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 15 OF 23

☒ 17	☐ 18	☐ 19a	☐ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Kendall, Cheslea, , ,

Mailing Address

City

State

Zip Code

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4611

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Locals Restaurant

Mailing Address 215 Lafayette Rd

City

North Hampton

State

NH

Zip Code

03862

Purpose of Disbursement
MEALS

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

233.28

Transaction ID : SB17.4592

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mailchimp

Mailing Address 675 Ponce de Leon Ave NE

City

Atlanta

State

GA

Zip Code

30308

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

135.00

Transaction ID : SB17.4593

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

2368.28

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 16 OF 23

☒ 17	☐ 18	☐ 19a	☐ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. RILEY, THAD, , ,

Mailing Address

City

State

Zip Code

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4605

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RILEY, THAD, , ,

Mailing Address

City

State

Zip Code

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB17.4612

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RILEY, THAD, , ,

Mailing Address

City

State

Zip Code

Purpose of Disbursement
STRATEGY CONSULTING

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

2500.00

Transaction ID : SB17.4615

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

6500.00

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 17 OF 23

☒ 17	☐ 18	☐ 19a	☐ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Shirtmasters

Mailing Address 349A Dover rd

City
ChichesterState
NHZip Code
03258Purpose of Disbursement
PRINT EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

219.00

Transaction ID : SB17.4595

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Shirtmasters

Mailing Address 349A Dover rd

City
ChichesterState
NHZip Code
03258Purpose of Disbursement
PRINT EXPENSE

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		28		2026

FEC Identification Number

C

Amount of Each Disbursement this Period

219.00

Transaction ID : SB17.4596

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Spectrum Marketing

Mailing Address

City

State

Zip Code

Purpose of Disbursement
MARKETING SERVICES

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

1443.15

Transaction ID : SB17.4598

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

1881.15

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 23

☒ 17	☐ 18	☐ 19a	☐ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Staples Inc

Mailing Address 500 STAPLES DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		22		2026

City
FraminghamState
MAZip Code
01702

FEC Identification Number

C

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

55.99

Transaction ID : SB17.4561

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

B. Staples Inc

Mailing Address 500 STAPLES DRIVE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2026

City
FraminghamState
MAZip Code
01702

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

55.99

Transaction ID : SB17.4602

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

Full Name (Last, First, Middle Initial)

C. Uprinting

Mailing Address 8000 Haskell Ave

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		26		2026

City
Van NuysState
CAZip Code
91406

FEC Identification Number

C

Purpose of Disbursement
PRINT EXPENSE

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

272.49

Transaction ID : SB17.4604

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary	☐ General
☐ Other (specify) ▼	

State:

District:

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

384.47

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 19 OF 23

☒ 17	☐ 18	☐ 19a	☐ 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)

MELISSA BAILEY FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WINREDMailing Address 4250 FAIRFAX DR
STE 600City
ARLINGTONState
VAZip Code
22203Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

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

FEC Identification Number

C C00694323

Amount of Each Disbursement this Period

268.40

Transaction ID : SB17.4506

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ 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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ 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).....▶

268.40

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

25019.60

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

PAGE 20 OF 23

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4203

MELISSA BAILEY FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

BAILEY, MELISSA, , ,

Mailing Address

182 MEETINGHOUSE RD

City

BEDFORD

State

NH

ZIP Code

03110

☒ Personal Funds of the Candidate

Original Amount of Loan

1500.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

1500.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
06 20 2025

M M / D D / Y Y Y Y

12/31/2026

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).....▶

1500.00

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

PAGE 21 OF 23

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4202

MELISSA BAILEY FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

BAILEY, MELISSA, , ,

Mailing Address

182 MEETINGHOUSE RD

City

BEDFORD

State

NH

ZIP Code

03110

☒ Personal Funds of the Candidate

Original Amount of Loan

25000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

25000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
08 / 04 / 2025

M M / D D / Y Y Y Y

12/31/2026

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).....▶

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.

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

PAGE 22 OF 23

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4204

MELISSA BAILEY FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

BAILEY, MELISSA, , ,

Mailing Address

182 MEETINGHOUSE RD

City

BEDFORD

State

NH

ZIP Code

03110

☒ Personal Funds of the Candidate

Original Amount of Loan

93000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

93000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 / 25 / 2025

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

12/31/2026

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).....▶

93000.00

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

PAGE 23 OF 23

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

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4207

MELISSA BAILEY FOR CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

BAILEY, MELISSA, , ,

Mailing Address

182 MEETINGHOUSE RD

City

BEDFORD

State

NH

ZIP Code

03110

☒ Personal Funds of the Candidate

Original Amount of Loan

7000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

7000.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M / D D / Y Y Y Y
09 25 / 2025

M M / D D / Y Y Y Y

12/31/2026

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).....▶

7000.00

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

126500.00

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