

**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

CLEO FIELDS FOR CONGRESS

ADDRESS (number and street)

2147 GOVERNMENT ST

Check if different
than previously
reported. (ACC)

BATON ROUGE

LA

70806

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00868513

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

LA

06

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
11 / 03 / 2026in the
State of

LA

(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
07 / 01 / 2026

through

M M / D D / Y Y Y Y
07 / 18 / 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 FIELDS, CLEO, , ,

Signature of Treasurer

FIELDS, CLEO, , ,

Date

M M / D D / Y Y Y Y
07 / 27 / 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

CLEO FIELDS FOR CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	8		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))....	533.50	859177.20
(b) Total Contribution Refunds (from Line 20(d))	800.00	41482.80
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	- 266.50	817694.40
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9.10	362202.05
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	3173.63
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	9.10	359028.42
8. Cash on Hand at Close of Reporting Period (from Line 27).....	436429.12	
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)	0.00	

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

CLEO FIELDS FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2026

To:

MM / DD / YYYY
07 / 18 / 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).....

280.00

397367.00

(ii) Unitemized

253.50

279810.20

(iii) TOTAL of contributions
from individuals ▶

533.50

677177.20

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

182000.00

(d) The Candidate

0.00

0.00

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

533.50

859177.20

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

0.00

(b) All Other Loans.....

0.00

0.00

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

0.00

0.00

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

0.00

3173.63

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

0.00

14843.23

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

533.50

877194.06

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.....	9.10	362202.05
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	102000.00
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	800.00	34900.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	6582.80
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	800.00	41482.80
21. OTHER DISBURSEMENTS	0.00	23642.99
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	809.10	529327.84

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	436704.72
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	533.50
25. SUBTOTAL (add Line 23 and Line 24).....	437238.22
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	809.10
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	436429.12

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 7

☒ 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)

CLEO FIELDS FOR CONGRESS

Full Name (Last, First, Middle Initial)

Dennis, Michelle, , ,

A. Mailing Address 10046 Hackberry Dr

City
Baton Rouge

State
LA

Zip Code
70809-2810

FEC ID number of contributing
federal political committee.

C

Name of Employer
OLOL

Occupation
Nurse

Receipt For: 2026

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 02 2026

Transaction ID : SA11AI.38645

Amount of Each Receipt this Period

30.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

Willard, Samuel, , ,

B. Mailing Address 16645 Highland Rd

City
Baton Rouge

State
LA

Zip Code
70810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harpers

Occupation
Sales

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
07 10 2026

Transaction ID : SA11AI.38638

Amount of Each Receipt this Period

250.00

☐ Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

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

280.00

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

280.00

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

PAGE 6 OF 7

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

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NAME OF COMMITTEE (In Full)

CLEO FIELDS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. ACTBLUE

Mailing Address PO Box 441146

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		18		2026

City
West SomervilleState
MAZip Code
02144-0031

FEC Identification Number

C C00868513

Purpose of Disbursement
Fundraising fee

003

Amount of Each Disbursement this Period

9.10

Candidate Name
CLEO FIELDS FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID : SB17.38672

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

9.10

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

9.10

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

PAGE 7 OF 7

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

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NAME OF COMMITTEE (In Full)

CLEO FIELDS FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Miller, Dustin, , ,

Mailing Address 1565 S Market St

City
OpelousasState
LAZip Code
70570-4813Purpose of Disbursement
Refund of excess contribuion

010

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☐	Primary	☒	General
☐	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

800.00

Transaction ID : SB20A.38636

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

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

Category/
Type

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).....▶

800.00

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

800.00