

**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

HOLLY ADAMS FOR US CONGRESS

ADDRESS (number and street)

PO BOX 73

Check if different
than previously
reported. (ACC)

LEBANON

OH

45036-0073

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00937664

3. IS THIS
REPORT☐ NEW
(N)

OR

☐ AMENDED
(A)

STATE ▼ DISTRICT

OH

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 /

04

D D /

16

Y Y Y Y

2026

through

M M /

06

D D /

22

Y Y Y Y

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

DATWYLER, THOMAS, , ,

Signature of Treasurer

DATWYLER, THOMAS, , ,

Date

M M /

06

D D /

24

Y Y Y Y

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

HOLLY ADAMS FOR US CONGRESS

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	6		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		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))	52.05	8513.41
(b) Total Contribution Refunds (from Line 20(d))	0.00	1.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	52.05	8512.41
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12722.40	127944.48
(b) Total Offsets to Operating Expenditures (from Line 14)	2997.62	4205.53
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	9724.78	123738.95
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
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

HOLLY ADAMS FOR US CONGRESS

Report Covering the Period:

From:

M M / D D / Y Y Y Y
04 / 16 / 2026

To:

M M / D D / Y Y Y Y
06 / 22 / 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).....

0.00

4653.81

(ii) Unitemized

52.05

1643.03

(iii) TOTAL of contributions
from individuals ▶

52.05

6296.84

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

2216.57

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

52.05

8513.41

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

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

0.00

400000.00

(b) All Other Loans.....

0.00

0.00

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

0.00

400000.00

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

2997.62

4205.53

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

0.00

75.12

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

3049.67

412794.06

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.....	12722.40	127944.48
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	144643.58	284643.58
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	144643.58	284643.58
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	1.00
(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	1.00
21. OTHER DISBURSEMENTS	100.00	205.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	157465.98	412794.06

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	154416.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3049.67
25. SUBTOTAL (add Line 23 and Line 24).....	157465.98
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	157465.98
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

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 11

☐ 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)

HOLLY ADAMS FOR US CONGRESS

Full Name (Last, First, Middle Initial)

PRINTMASTER

A.

Mailing Address 89 ACCESS RD

STE 17

City

NORWOOD

State

MA

Zip Code

02062

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2026



Primary



General



Other (specify) ▼

Election Cycle-to-Date ▼

2897.91

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 15 2026

Transaction ID : A7BE05E35AD194E6DA3C

Amount of Each Receipt this Period

2897.91



Memo Item

PRINTING REFUNDED

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

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

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

M M / D D / Y 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)..... ▶

2897.91

2897.91

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

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

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NAME OF COMMITTEE (In Full)

HOLLY ADAMS FOR US CONGRESS

Full Name (Last, First, Middle Initial)

A. AXCAPITAL, LLCMailing Address 800 W 47TH ST
STE 200City
KANSAS CITYState
MOZip Code
64112-1244Purpose of Disbursement
COMPLIANCE CONSULTING

001

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	5		1	9		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1055.00

Transaction ID : B9F1FD3CEA3644803BFB

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AXCAPITAL, LLCMailing Address 800 W 47TH ST
STE 200City
KANSAS CITYState
MOZip Code
64112-1244Purpose of Disbursement
COMPLIANCE CONSULTING

001

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	6		2	2		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

649.60

Transaction ID : BB3DDF59F71494006B94

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Mailing Address 1 META WAY

City
MENLO PARKState
CAZip Code
94025Purpose of Disbursement
WEB ADS

001

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	4		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

59.96

Transaction ID : B3F9D0DA501874799820

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

1764.56

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)

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

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NAME OF COMMITTEE (In Full)

HOLLY ADAMS FOR US CONGRESS

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1 META WAY

City
MENLO PARKState
CAZip Code
94025Purpose of Disbursement
WEB ADS

001

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	4		2	2		2	0	6	2

FEC Identification Number

C

Amount of Each Disbursement this Period

21.37

Transaction ID : BA4C6A748AA1743D9933

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FACEBOOK

Mailing Address 1 META WAY

City
MENLO PARKState
CAZip Code
94025Purpose of Disbursement
WEB ADS

001

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	4		2	4		2	0	6	2

FEC Identification Number

C

Amount of Each Disbursement this Period

60.01

Transaction ID : B57294487D810444DAD6

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FACEBOOK

Mailing Address 1 META WAY

City
MENLO PARKState
CAZip Code
94025Purpose of Disbursement
WEB ADS

001

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	4		2	7		2	0	6	2

FEC Identification Number

C

Amount of Each Disbursement this Period

18.13

Transaction ID : BD4AA25C67CFF4CD7AD5

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

99.51

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)

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☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

HOLLY ADAMS FOR US CONGRESS

Full Name (Last, First, Middle Initial)

A. FACEBOOK

Mailing Address 1 META WAY

Date of Disbursement

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

City
MENLO PARKState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
WEB ADS

001

Amount of Each Disbursement this Period

196.00

Transaction ID : B9C567F4E1FCE4991B8D

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

B. FACEBOOK

Mailing Address 1 META WAY

Date of Disbursement

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

City
MENLO PARKState
CAZip Code
94025

FEC Identification Number

C

Purpose of Disbursement
WEB ADS

001

Amount of Each Disbursement this Period

107.40

Transaction ID : B7AF19B989CD049F89FB

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Full Name (Last, First, Middle Initial)

C. MIG, JAZMIN, , ,

Mailing Address PO BOX 73

Date of Disbursement

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

City
LEBANONState
OHZip Code
45036-0073

FEC Identification Number

C

Purpose of Disbursement
CAMPAIGN CONSULTING

001

Amount of Each Disbursement this Period

3000.00

Transaction ID : BB09727B353CA425286E

☐ Memo Item

Candidate Name

Category/
Type

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For: 2026

☒	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

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

3303.40

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 11

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

HOLLY ADAMS FOR US CONGRESS

Full Name (Last, First, Middle Initial)

A. MIG, JAZMIN, , ,

Mailing Address PO BOX 73

City
LEBANONState
OHZip Code
45036-0073Purpose of Disbursement
CAMPAIGN CONSULTING

001

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	4		2	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : B5820802E246843939A3

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MIG, JAZMIN, , ,

Mailing Address PO BOX 73

City
LEBANONState
OHZip Code
45036-0073Purpose of Disbursement
CAMPAIGN CONSULTING

001

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	5		1	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

3000.00

Transaction ID : B45502A4ED3C14196B3D

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. TUESDAY ASSOCIATES

Mailing Address 7 MOULTON ST

City
LAKEVILLEState
MAZip Code
02347-1857Purpose of Disbursement
CAMPAIGN CONSULTING

001

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	5		0	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1000.00

Transaction ID : B8CBFF17F16A344A791D

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

7000.00

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

12167.47

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

PAGE 10 OF 11

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

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NAME OF COMMITTEE (In Full)

HOLLY ADAMS FOR US CONGRESS

Full Name (Last, First, Middle Initial)

A. ADAMS, HOLLY, , ,

Mailing Address PO BOX 73

City
LEBANONState
OHZip Code
45036-0073Purpose of Disbursement
LOAN REPAYMENT: LOAN RECEIVEDCandidate Name
ADAMS, HOLLY, , ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 01

Date of Disbursement

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

FEC Identification Number

C C00937664

Amount of Each Disbursement this Period

44619.67

Transaction ID : BE263FCF74CDF49F9990

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ADAMS, HOLLY, , ,

Mailing Address PO BOX 73

City
LEBANONState
OHZip Code
45036-0073Purpose of Disbursement
LOAN REPAYMENT: LOAN RECEIVEDCandidate Name
ADAMS, HOLLY, , ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 01

Date of Disbursement

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

FEC Identification Number

C C00937664

Amount of Each Disbursement this Period

99823.91

Transaction ID : BDAA0D441C3E04E68AC5

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ADAMS, HOLLY, , ,

Mailing Address PO BOX 73

City
LEBANONState
OHZip Code
45036-0073Purpose of Disbursement
LOAN REPAYMENT: LOAN RECEIVEDCandidate Name
ADAMS, HOLLY, , ,Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2026
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 01

Date of Disbursement

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

FEC Identification Number

C C00937664

Amount of Each Disbursement this Period

200.00

Transaction ID : B92DC523495A0487B9AB

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

144643.58

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

144643.58

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

PAGE 11 OF 11

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

NAME OF COMMITTEE (In Full)

Transaction ID : C90A1090852BB47C1BAB

HOLLY ADAMS FOR US CONGRESS

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

Election: 2026

☒ Primary☐ General☐ Other (specify) ▼

ADAMS, HOLLY, , ,

Mailing Address

PO BOX 73

City

LEBANON

State

OH

ZIP Code

45036-0073

☒ Personal Funds of the Candidate

Original Amount of Loan

400000.00

Cumulative Payment To Date

284643.58

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

M M / D D / Y Y Y Y

M M / D D / Y Y Y Y

NONE

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).....▶

0.00

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

0.00

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