

**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

CARLA SPALDING FOR CONGRESS

ADDRESS (number and street)

1856 N NOB HILL RD

PMB 296

Check if different
than previously
reported. (ACC)

PLANTATION

FL

33322

CITY ▲

STATE ▲

ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼**

C C00727164

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

FL

25

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y
04 / 01 / 2025

through

M M / D D / Y Y Y Y
06 / 30 / 2025*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

Williams, Sean, , ,

Signature of Treasurer

Williams, Sean, , ,

Date

M M / D D / Y Y Y Y
07 / 15 / 2025

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

CARLA SPALDING FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025

	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))	180.00	723855.27
(b) Total Contribution Refunds (from Line 20(d))	75.00	12048.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	105.00	711807.27
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	496.71	793884.94
(b) Total Offsets to Operating Expenditures (from Line 14)	48.75	11425.83
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	447.96	782459.11
8. Cash on Hand at Close of Reporting Period (from Line 27)	17732.24	
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)	70716.85	

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

CARLA SPALDING FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2025

To:

MM / DD / YYYY
06 / 30 / 2025**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

273367.58

(ii) Unitemized

180.00

450487.69

(iii) TOTAL of contributions
from individuals ▶

180.00

723855.27

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) The Candidate

0.00

0.00

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

180.00

723855.27

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.)

48.75

11425.83

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

0.00

24018.83

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

228.75

759299.93

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.....

496.71

793884.94

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0.00

5180.00

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

75.00

12048.00

(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)).....

75.00

12048.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. **TOTAL DISBURSEMENTS**

(add Lines 17, 18, 19(c), 20(d), and 21) ►

571.71

811112.94

III. CASH SUMMARY

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

18075.20

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

228.75

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

18303.95

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

571.71

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

17732.24

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

PAGE 5 OF 12

☒ 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)

CARLA SPALDING FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Williams Accounting ServicesMailing Address 1860 Old Okeechobee Rd
Ste 506City
West Palm BeachState
FLZip Code
33409Purpose of Disbursement
Accounting Fees

001

Candidate Name
CARLA SPALDING FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

M M / D D / Y Y Y Y
05 / 01 / 2025

FEC Identification Number

C C00727164

Amount of Each Disbursement this Period

150.00

Transaction ID : SB17.259160

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Williams Accounting ServicesMailing Address 1860 Old Okeechobee Rd
Ste 506City
West Palm BeachState
FLZip Code
33409Purpose of Disbursement
Accounting Fees

001

Candidate Name
CARLA SPALDING FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

M M / D D / Y Y Y Y
05 / 20 / 2025

FEC Identification Number

C C00727164

Amount of Each Disbursement this Period

100.00

Transaction ID : SB17.259157

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Williams Accounting ServicesMailing Address 1860 Old Okeechobee Rd
Ste 506City
West Palm BeachState
FLZip Code
33409Purpose of Disbursement
Accounting Fees

001

Candidate Name
CARLA SPALDING FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

M M / D D / Y Y Y Y
06 / 09 / 2025

FEC Identification Number

C C00727164

Amount of Each Disbursement this Period

101.25

Transaction ID : SB17.259161

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

351.25

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)

CARLA SPALDING FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WinRedMailing Address 1776 Wilson Blvd
Ste 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Fundraising Fees

003

Candidate Name
CARLA SPALDING FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

M M / D D / Y Y Y Y
04 / 03 / 2025

FEC Identification Number

C C00727164

Amount of Each Disbursement this Period

8.39

Transaction ID : SB17.259174

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRedMailing Address 1776 Wilson Blvd
Ste 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Fundraising Fees

003

Candidate Name
CARLA SPALDING FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

M M / D D / Y Y Y Y
04 / 25 / 2025

FEC Identification Number

C C00727164

Amount of Each Disbursement this Period

29.53

Transaction ID : SB17.259175

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRedMailing Address 1776 Wilson Blvd
Ste 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Fundraising Fees

003

Candidate Name
CARLA SPALDING FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

M M / D D / Y Y Y Y
04 / 29 / 2025

FEC Identification Number

C C00727164

Amount of Each Disbursement this Period

46.18

Transaction ID : SB17.259176

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

84.10

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)

CARLA SPALDING FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WinRedMailing Address 1776 Wilson Blvd
Ste 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Fundraising Fees

003

Candidate Name
CARLA SPALDING FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

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

FEC Identification Number

C C00727164

Amount of Each Disbursement this Period

8.39

Transaction ID : SB17.259177

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WinRedMailing Address 1776 Wilson Blvd
Ste 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Fundraising Fees

003

Candidate Name
CARLA SPALDING FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

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

FEC Identification Number

C C00727164

Amount of Each Disbursement this Period

12.29

Transaction ID : SB17.259180

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WinRedMailing Address 1776 Wilson Blvd
Ste 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Fundraising Fees

003

Candidate Name
CARLA SPALDING FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

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

FEC Identification Number

C C00727164

Amount of Each Disbursement this Period

8.39

Transaction ID : SB17.259178

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

29.07

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 8 OF 12

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

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NAME OF COMMITTEE (In Full)

CARLA SPALDING FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. WinRedMailing Address 1776 Wilson Blvd
Ste 530City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
Fundraising Fees

003

Candidate Name
CARLA SPALDING FOR CONGRESSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2024
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 25

Date of Disbursement

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

FEC Identification Number

C C00727164

Amount of Each Disbursement this Period

12.29

Transaction ID : SB17.259179

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement 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).....▶

12.29

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

476.71

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 9 OF 12

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CARLA SPALDING FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

2500 Receiver Inc

Nature of Debt (Purpose):

Office Expense

Mailing Address 2500 E Hallandale Beach Blvd
Ste 720

City Hallandale Beach State FL Zip Code 33009

Outstanding Balance Beginning This Period

5542.50

Transaction ID : SD10.252308

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5542.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Bieber, Albert, G, ,

Nature of Debt (Purpose):

Refund of Excess Contribution

Mailing Address PO Box 207

City China State TX Zip Code 77613-0207

Outstanding Balance Beginning This Period

350.00

Transaction ID : SD10.258603

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

350.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Burns, Sigrid, A, ,

Nature of Debt (Purpose):

Refund of Excess Contribution

Mailing Address 831 George Washington Way

City Webster State NY Zip Code 14580-4805

Outstanding Balance Beginning This Period

1763.00

Transaction ID : SD10.186467

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1763.00

1) SUBTOTALS This Period This Page (optional)

7655.50

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

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

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 10 OF 12

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CARLA SPALDING FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Campaign Funding Direct, Inc.

Nature of Debt (Purpose):

Administrative Services

Mailing Address 1420 Spring Hill Road, Suite 490

City

McLean

State

VA

Zip Code

22102

Outstanding Balance Beginning This Period

902.81

Transaction ID : SD10.255784

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

306.81

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Roth, Richard, C, ,

Nature of Debt (Purpose):

Contribution Refund per Family
Representative

Mailing Address 29 Lee Rd

City

South Deerfield

State

MA

Zip Code

01373-9784

Outstanding Balance Beginning This Period

2050.00

Transaction ID : SD10.186466

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2050.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Roth, Richard, C, ,

Nature of Debt (Purpose):

Contribution Refund per Family
Representative

Mailing Address 29 Lee Rd

City

South Deerfield

State

MA

Zip Code

01373-9784

Outstanding Balance Beginning This Period

70.00

Transaction ID : SD10.186469

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

70.00

1) **SUBTOTALS** This Period This Page (optional)

2426.81

2) **TOTALS** This Period (last page this line number only)3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: SD10

Transaction ID : SD10.255784

(Current loan amount of 596.29 from a balance of 902.81 has been forgiven)

Form/Schedule:

Transaction ID:

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 12 OF 12

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

CARLA SPALDING FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Thomas Partners Strategies, LLC

Nature of Debt (Purpose):

Campaign Consulting and Legal Fees

Mailing Address 539 West Commerce St
Suite 5049City
DallasState
TXZip Code
75208

Outstanding Balance Beginning This Period

60634.54

Transaction ID : SD10.252313

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

60634.54

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)

60634.54

2) **TOTALS** This Period (last page this line number only)

70716.85

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)

0.00

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

70716.85