

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED
FEC MAILCENTER

2026 A Office Use Only 01:07

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Baker for Congress

ADDRESS (number and street)

2707 University Drive P.O. Box 118



Check if different
than previously
reported. (ACC)

Auburn Hills

MI

48326

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C 00917948

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

MI

11

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

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

MM / DD / YYYY

5. Covering Period

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

through

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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

Theodesa Baker

Signature of Treasurer

Theodesa Baker

Date

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

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)

Page 2

Write or Type Committee Name

Baker for Congress

Report Covering the Period:

From:

01 / 01 / 2026

To:

03 / 31 / 2026

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

7,165.17

11,265.17

(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))

7,165.17

11,265.17

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

6,751.75

8,918.53

(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))

6,751.75

8,918.53

8. Cash on Hand at Close of
Reporting Period (from Line 27)

4,134.2

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)

Page 3

Write or Type Committee Name

Baker for Congress

Report Covering the Period:

From:

01 / 01 / 2026

To:

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).....

4,400.00

8,500.00

(ii) Unitemized

2,765.17

2,765.17

(iii) TOTAL of contributions
from individuals

7,165.17

11,265.17

(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))..

7,165.17

11,265.17

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

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).....

7,165.17

11,265.17

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

6,751.75

8,918.53

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) ►

6,751.75

8,918.53

III. CASH SUMMARY

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

1,933.22

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

7,165.17

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

9,098.39

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

6,751.75

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

2,346.64

2025 RELEASE UNDER E.O. 14176

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 1 OF 3

☒ 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)

Baker for Congress

Full Name (Last, First, Middle Initial)

A.

Baker, Theresa D.

Mailing Address

5826 Pine Aire Court

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Lawyer

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2,800.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2026

Amount of Each Receipt this Period

700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Baker II, VERNON G.

Mailing Address

5826 Pine Aire Court

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Lawyer

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2,800.00

Date of Receipt

MM / DD / YYYY
02 / 09 / 2026

Amount of Each Receipt this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

JONES, TONY

Mailing Address

23611 Dovetail Meadow Lane

City

Katy

State

TX

Zip Code

77493

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pantexas Deterrance

Occupation

Labor Relations

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

1,000.00

Date of Receipt

MM / DD / YYYY
03 / 10 / 2026

Amount of Each Receipt this Period

1,000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

2,500.00

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 2 OF 3

☒ 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)

Baker for Congress

Full Name (Last, First, Middle Initial)

White, Steven

A. Mailing Address

9499 COLLINS AVE. Apt. 802

City

Surfside

State

FL

Zip Code

33154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

N/A

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

, 500.00

Date of Receipt

03 / 06 / 2026

Amount of Each Receipt this Period

, 500.00

Memo Item

Full Name (Last, First, Middle Initial)

Page, Olivia

B. Mailing Address

1870 FLEMING AVE.

City

Willow Grove

State

PA

Zip Code

19090

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

N/A

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

, 400.00

Date of Receipt

03 / 06 / 2026

Amount of Each Receipt this Period

, 400.00

Memo Item

Full Name (Last, First, Middle Initial)

Austin, Terri

C. Mailing Address

2044 Madison Ave. Apt. 1

City

New York

State

NY

Zip Code

10031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

N/A

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

, 500.00

Date of Receipt

02 / 25 / 2026

Amount of Each Receipt this Period

, 500.00

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

, 1,400.00

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 3 OF 3

☒ 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)

Baner for Congress

Full Name (Last, First, Middle Initial)

COLEMAN, Kim

A. Mailing Address

534 West 152 St. Apt. 23

City

New York

State

NY

Zip Code

10031

FEC ID number of contributing
federal political committee.

C

Name of Employer

Not employed

Occupation

N/A

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

, 250.00

Date of Receipt

02 / 25 / 2026

Amount of Each Receipt this Period

, 250.00

Memo Item

Full Name (Last, First, Middle Initial)

Sharp, David

B. Mailing Address

377 South Harrison St. Apt. 17

City

East Orange

State

NJ

Zip Code

07018

FEC ID number of contributing
federal political committee.

C

Name of Employer

East Orange

Occupation

Counselor

Receipt For:

☒ Primary ☐ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

, 250.00

Date of Receipt

02 / 21 / 2026

Amount of Each Receipt this Period

, 250.00

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

Amount of Each Receipt this Period

, , .

Memo Item

SUBTOTAL of Receipts This Page (optional) ▶

, 500.00

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

, 4,400.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 2

☒ 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)

Baker For Congress

Full Name (Last, First, Middle Initial)

A. Leggett, Roland

Mailing Address

5226 KENSINGTON AVE.

City

Detroit

State

MI

Zip Code

48224

Purpose of Disbursement

Consultant fee

003

Candidate Name

Stuart Baker

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☒

Primary

☐

General

☐

Other (specify) ▼

State: MI

District: 11

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2026

FEC Identification Number

C

Amount of Each Disbursement this Period

1,500.00

☐ Memo Item

B. Leggett, Roland

Mailing Address

5226 KENSINGTON AVE.

City

Detroit

State

MI

Zip Code

48224

Purpose of Disbursement

Consultant fee

003

Candidate Name

Stuart Baker

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☒

Primary

☐

General

☐

Other (specify) ▼

State: MI

District: 11

Date of Disbursement

MM / DD / YYYY
02 / 09 / 2026

FEC Identification Number

C

Amount of Each Disbursement this Period

2,000.00

☐ Memo Item

C. Leggett, Roland

Mailing Address

5226 KENSINGTON AVE.

City

Detroit

State

MI

Zip Code

48224

Purpose of Disbursement

Consultant fee

003

Candidate Name

Stuart Baker

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For:

☒

Primary

☐

General

☐

Other (specify) ▼

State: MI

District: 11

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

2,500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)

6,000.00

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 Page

FOR LINE NUMBER:
(check only one)

PAGE **2** OF **2**

☒ 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)

Baker for Congress

Full Name (Last, First, Middle Initial)

A. Leggett, Roland

Date of Disbursement

Mailing Address

5226 Kensington Ave.

03 / 23 / 2026

City

Detroit

State

MI

Zip Code

48224

FEC Identification Number

C

Purpose of Disbursement

Consultant fee

003

Candidate Name

Stuart Baker

Category/
Type

Amount of Each Disbursement this Period

, 500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: **MI**

District: **11**

Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

MM / DD / YYYY

City

State

Zip Code

FEC Identification Number

C

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Memo Item

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

, 500.00

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

, 6,500.00

SCHEDULE C (FEC Form 3)

LOANS

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

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Baker for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

☐ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

M M /

D D /

Y Y Y Y Y

M M /

D D /

Y Y Y Y Y

% (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).....▶

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)

LOANS

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

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

☐ 13a
☒ 13b

NAME OF COMMITTEE (In Full)

Baker for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

☐ Memo Item

Election:

☐ Primary

☐ General

☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

☐ Personal Funds of the Candidate

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate
(If none, enter 0)

Secured:

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

% (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).....▶

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.

SCHEDULE C-1 (FEC Form 3)

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C.

Supplementary for
Information found on
Page 1 of Schedule C

NAME OF COMMITTEE (In Full) Baker for Congress			FEC IDENTIFICATION NUMBER C		
LENDING INSTITUTION (LENDER) Full Name			Amount of Loan 		Interest Rate (APR) %
Mailing Address			Date Incurred or Established M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		Date Due M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y
City	State	Zip Code			
A. Has loan been restructured? ☐ No ☐ Yes If yes, date originally incurred M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y					
B. If line of credit, Amount of this Draw:			Total Outstanding Balance:		
C. Are other parties secondarily liable for the debt incurred? ☐ No ☐ Yes (Endorsers and guarantors must be reported on Schedule C.)					
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? ☐ No ☐ Yes If yes, specify: _____				What is the value of this collateral? Does the lender have a perfected security interest in it? ☐ No ☐ Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? ☐ No ☐ Yes If yes, specify: _____				What is the estimated value? 	
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y			Location of account: Address: _____ City, State, Zip: _____		
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.					
G. COMMITTEE TREASURER Typed Name Signature			DATE M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
H. Attach a signed copy of the loan agreement.					
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.					
AUTHORIZED REPRESENTATIVE Typed Name Signature			DATE M M / D D / Y Y Y Y Y Y M M / D D / Y Y Y Y Y Y		
Title					

Excluding Loans

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one)

9
10

NAME OF COMMITTEE (In Full)

Baker for Congress

A. 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

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)	
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)	



**UNITED STATES
POSTAL SERVICE®**

**PRIOR
MA**

- Expected delivery date specified for domestic use.
- Domestic shipments include \$100 of insurance (restrictions apply).*
- USPS Tracking® service included for domestic and many international destinations.
- Limited international insurance.**
- When used internationally, a customs declaration form is required.

FROI

There
5826
Roch



Retail

exclusions see the Domestic
and limitations of coverage.

P

US POSTAGE PAID

\$11.00

Origin: 48308
04/17/26
2580700308-24

PRIORITY MAIL®

0 Lb 3.50 Oz

RDC 03

EXPECTED DELIVERY DAY: 04/21/26

C062

SHIP
TO:



1050 1ST ST NE
WASHINGTON DC 20002-5859

USPS TRACKING® #



9505 5117 7368 6107 2590 27



Fec
105
Wa

**VIS
OR**

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Date of Receipt
☐ USPS Registered/Certified	Postmarked (R/C)
☒ USPS Priority Mail	Postmarked 4/17/26
☐ USPS Priority Mail Express	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☐ Overnight Delivery Service (Specify):	Shipping Date Date of Receipt Next Business Day Delivery ☐
☐ Received via FAX	Date of Receipt
☐ Received via Email	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked
<i>MM</i> PREPARER (4/2023)	4/21/26 DATE PREPARED

2025-04-14 11:03:00 AM