

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

FEC-1945423

STATE OF LOCNATION FOR CLEMENT FOR SENATE

ADDRESS (number and street)

8 THE GREEN

Check if different than previously reported. (ACC)

Check if different than previously reported. (ACC)

DOVER

DE

19901

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C00857128

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

STATE DISTRICT

6A

STATE DISTRICT

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

January 31 Year-End Report (YE)

Termination Report (TER)

Termination Report (TER)

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

Primary (12P)

Primary (12P)

General (12G)

General (12G)

Runoff (12R)

Runoff (12R)

Convention (12C)

Convention (12C)

Special (12S)

Special (12S)

Election on

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

in the State of

State of

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

General (30G)

General (30G)

Runoff (30R)

Runoff (30R)

Special (30S)

Special (30S)

Election on

MM/DD/YYYY

MM/DD/YYYY

MM/DD/YYYY

in the State of

State of

5. Covering Period

MM/DD/YYYY

through

01/31/2026

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

Christina Clement - S6GA00366 on behalf of CHRISTINA LOREN CLEMENT LLC

Signature of Treasurer

Dr Christina Clement

Date

02/08/2026

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 table with 7 empty columns

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Page 2

Write or Type Committee Name

State of Loc Nation for Clement for Senate

Report Covering the Period:

From:

MM / DD / YYYY

To:

01 / 31 / 2026

	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))	<input type="text"/>	<input type="text"/>
(b) Total Contribution Refunds (from Line 20(d))	<input type="text"/>	<input type="text"/>
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	<input type="text"/>	<input type="text"/>
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	<input type="text"/>	<input type="text"/>
(b) Total Offsets to Operating Expenditures (from Line 14)	<input type="text"/>	<input type="text"/>
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	<input type="text"/>	<input type="text"/>
8. Cash on Hand at Close of Reporting Period (from Line 27)	<input type="text"/>	<input type="text"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	<input type="text"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text"/>	<input type="text"/>

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

State of Loc Nation for CLEMENT for Senate

Report Covering the Period:

From:

MM / DD / YYYY

To:

01 / 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).....	\$ 25.00	\$ 25.00
(ii) Unitemized.....		
(iii) TOTAL of contributions from individuals ▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) The Candidate.....		
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(ii), (b), (c), and (d))..	\$ 25.00	\$ 25.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	\$ 50,250,000.00	\$ 50,250,000.00
(b) All Other Loans.....		
(c) TOTAL LOANS (add Lines 13(a) and (b)).....		
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	\$ 50,250,025.00	\$ 50,250,250.00

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	OF
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 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)
State of Loc Nation for Clement for Senate

A. **CLEMENT, CHRISTINA L**
 Full Name (Last, First, Middle Initial)
 Mailing Address
8 The Green
 City **Dover** State **DE** Zip Code **19901**

FEC ID number of contributing federal political committee. **C**

Name of Employer **Self Employed** Occupation **IP Rights Holder / Author**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
\$ 50,250,000.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 01 / 2026

Amount of Each Receipt this Period
\$ 50,250,000.00

Memo Item

B. **EBONY MATTHEWS**
 Full Name (Last, First, Middle Initial)
 Mailing Address
Ester matthews@hotmail.com
 City _____ State _____ Zip Code _____

FEC ID number of contributing federal political committee. **C N/A**

Name of Employer **unknown** Occupation **unknown**

Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
\$ 25.00

Date of Receipt
 M M / D D / Y Y Y Y
01 / 05 / 2026

Amount of Each Receipt this Period
\$ 25.00

Memo Item

C.
 Full Name (Last, First, Middle Initial) _____
 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) ▶ **\$ 50,250,025.00**

TOTAL This Period (last page this line number only) ▶ **\$ 50,250,025.00**

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full)
State of Del Nation for Clement for Senate

LOAN SOURCE Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item <u>CLEMENT, CHRISTINA L</u>		Election: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address <u>8 The Green</u>		
City <u>Dover</u>	State <u>DE</u>	ZIP Code <u>19901</u>
<input type="checkbox"/> Personal Funds of the Candidate		

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<u>\$50,250,000.00</u>	<u>0</u>	<u>\$50,250,000.00</u>

TERMS	Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
	<u>01 / 01 / 2026</u>	<u>ON DEMAND</u>	<u>0.00</u> % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	<u>N/A</u>
2. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	<u>N/A</u>
3. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	<u>N/A</u>
4. Full Name (Last, First, Middle Initial)	Name of Employer			
Mailing Address	Occupation			
City	State	ZIP Code	Amount Guaranteed Outstanding:	<u>N/A</u>

SUBTOTALS This Period This Page (optional).....▶	<u>\$50,250,000.00</u>
TOTALS This Period (last page in this line only).....▶	<u>\$50,250,000.00</u>

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