

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**FLORIDA FREEDOM FUND PAC**

ADDRESS (number and street) P.O. BOX 2743  
Check if different than previously reported. (ACC) BRANDON FL 33509

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00825430 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

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)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y through M M M / D D D / Y Y Y Y Y Y  
07 01 2023 through 12 31 2023

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 CRATE, BRADLEY, T., MR.,

Signature of Treasurer CRATE, BRADLEY, T., MR., Date M M M / D D D / Y Y Y Y Y Y  
01 31 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**FLORIDA FREEDOM FUND PAC**

Report Covering the Period: From:  /  /  To:  /  /

|  | COLUMN A<br>This Period               | COLUMN B<br>Calendar Year-to-Date     |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2023"/>  | <input type="text" value="5641.98"/>  | <input type="text" value="5641.98"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="36708.05"/> |                                       |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="27585.60"/> | <input type="text" value="62652.57"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="64293.65"/> | <input type="text" value="68294.55"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="20856.50"/> | <input type="text" value="24857.40"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="43437.15"/> | <input type="text" value="43437.15"/> |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>     |                                       |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>     |                                       |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**FLORIDA FREEDOM FUND PAC**

Report Covering the Period: From:  /  /  To:  /  /

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 0.00                          | 0.00                              |
| (ii) Unitemized .....   | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 8500.00                       | 8500.00                           |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 8500.00                       | 8500.00                           |
| 12. Transfers From Affiliated/Other Party Committees.....   | 19085.60                      | 54152.57                          |
| 13. All Loans Received .....  | 0.00                          | 0.00                              |
| 14. Loan Repayments Received.....   | 0.00                          | 0.00                              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00                          | 0.00                              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 0.00                          | 0.00                              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....  | 0.00                          | 0.00                              |
| (c) Total Transfers (add 18(a) and 18(b))..   | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶                         | 27585.60                      | 62652.57                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 27585.60                      | 62652.57                          |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) Non-Federal Share.....  | 0.00                          | 0.00                              |
| (b) Other Federal Operating Expenditures .....   | 7656.50                       | 11657.40                          |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 7656.50                       | 11657.40                          |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 13200.00                      | 13200.00                          |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....                | 0.00                          | 0.00                              |
| 26. Loan Repayments Made.....  | 0.00                          | 0.00                              |
| 27. Loans Made.....  | 0.00                          | 0.00                              |
| 28. 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 28(a), (b), and (c)).....                            | 0.00                          | 0.00                              |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  | 0.00                          | 0.00                              |
| (ii) "Levin" Share.....  | 0.00                          | 0.00                              |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           | 0.00                          | 0.00                              |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....            | 0.00                          | 0.00                              |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      | 20856.50                      | 24857.40                          |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 20856.50                      | 24857.40                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 8500.00                               | 8500.00                                   |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 0.00                                      |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 8500.00                               | 8500.00                                   |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 7656.50                               | 11657.40                                  |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 0.00                                      |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 7656.50                               | 11657.40                                  |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |   |   |
|---|------------------------------|---|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one)       | PAGE 6 OF 14  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12                             |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15             | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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)  
**FLORIDA FREEDOM FUND PAC**

**A. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 430 NORTH MICHIGAN AVENUE

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>CHICAGO | State<br>IL | Zip Code<br>60611 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00030718

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 22    | / | 2023        |

**Transaction ID : SA11C.4170**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 655 NEW YORK AVE NW  
SUITE 1100

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20001 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00107235

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 31    | / | 2023        |

**Transaction ID : SA11C.4172**

Amount of Each Receipt this Period  
2500.00

Memo Item

**C. REPUBLICAN MAINSTREET PARTNERSHIP PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 411 FIRST STREET SE

|                    |             |                   |
|--------------------|-------------|-------------------|
| City<br>WASHINGTON | State<br>DC | Zip Code<br>20003 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00165159

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 12    | / | 2023        |

**Transaction ID : SA11C.4168**

Amount of Each Receipt this Period  
1000.00

Memo Item

|   |         |
|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 8500.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 8500.00 |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 7 OF 14  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input checked="" type="checkbox"/> 12                  |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**FLORIDA FREEDOM FUND PAC**

**A. FRIEDMAN, MARK, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11812 SAN VICENTE BLVD  
 FL 4  
 City LOS ANGELES State CA Zip Code 90049  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) LEVEL FOUR BUSINESS MANAGEMENT Occupation (for Individual) SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 28 / 2023  
**Transaction ID : SA12.4174**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 JFC TRANSFER: LLVF [SA12.4166]

**B. GRAMMIG, ROBERT, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 BAHAMA CIR  
 City TAMPA State FL Zip Code 33606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HOLLAND & KNIGHT Occupation (for Individual) LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 12 / 31 / 2023  
**Transaction ID : SA12.4191**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 JFC TRANSFER: LLVF [SA12.4185]

**C. HEATH, WARREN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9460 WATERFORD OAKS DR  
 City WINTER HAVEN State FL Zip Code 33884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) HEATH CONSTRUCTION AND MANAGEMENT LLC Occupation (for Individual) CONSTRUCTION  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 09 / 29 / 2023  
**Transaction ID : SA12.4184**  
 Amount of Each Receipt this Period 2100.00  
 Memo Item  
 JFC TRANSFER: LLVF [SA12.4166]

|   |      |
|---|------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... |      |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 8 OF 14  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input checked="" type="checkbox"/> 12                  |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**FLORIDA FREEDOM FUND PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. LAUREL LEE VICTORY FUND**

Mailing Address P.O. BOX 2743

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>BRANDON | State<br>FL | Zip Code<br>33509 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00826230

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
15952.74

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    |   | 30    |   | 2023        |

**Transaction ID : SA12.4166**

Amount of Each Receipt this Period  
10234.97

Memo Item

JFC TRANSFER: SEE ATTRIBUTIONS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. LAUREL LEE VICTORY FUND**

Mailing Address P.O. BOX 2743

|                 |             |                   |
|-----------------|-------------|-------------------|
| City<br>BRANDON | State<br>FL | Zip Code<br>33509 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00826230

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
24803.37

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2023        |

**Transaction ID : SA12.4185**

Amount of Each Receipt this Period  
8850.63

Memo Item

JFC TRANSFER: SEE ATTRIBUTIONS ABOVE ITEMIZATION THRESHOLD

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. MOORE, CAROL, S, ,**

Mailing Address 15301 BURSLEY DR

|               |             |                   |
|---------------|-------------|-------------------|
| City<br>TAMPA | State<br>FL | Zip Code<br>33647 |
|---------------|-------------|-------------------|

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

Name of Employer (for Individual) Occupation (for Individual)  
RETIRED RETIRED

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 31    |   | 2023        |

**Transaction ID : SA12.4187**

Amount of Each Receipt this Period  
5000.00

Memo Item

JFC TRANSFER: LLVF [SA12.4185]

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 19085.60 |
| <b>TOTAL</b> This Period (last page this line number only)..... |          |



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 9 OF 14  |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input checked="" type="checkbox"/> 12                  |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**FLORIDA FREEDOM FUND PAC**

|   |  |   |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>A. MOORE, WILLIAM, F, ,</b>               |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>12 / 31 / 2023                |
| Mailing Address 15301 BURSLEY DR  |  | <b>Transaction ID : SA12.4189</b>   |
| City<br>TAMPA   | State<br>FL                            | Zip Code<br>33647   |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>5000.00                                   |
| Name of Employer (for Individual)<br>RETIRED  | Occupation (for Individual)<br>RETIRED | <input checked="" type="checkbox"/> Memo Item<br>JFC TRANSFER: LLVF [SA12.4185] |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00    |   |

|   |  |   |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>B. SCHECK, JOHN, , , III</b>              |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 29 / 2023                |
| Mailing Address 4940 NE 29TH AVE  |  | <b>Transaction ID : SA12.4180</b>   |
| City<br>LIGHTHOUSE POINT  | State<br>FL                                | Zip Code<br>33064   |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>2100.00                                   |
| Name of Employer (for Individual)<br>SELF-EMPLOYED  | Occupation (for Individual)<br>YACHT BOSUN | <input checked="" type="checkbox"/> Memo Item<br>JFC TRANSFER: LLVF [SA12.4166] |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2100.00        |   |

|   |  |   |
|---|--|---|
| Full Name of Individual (Last, First, Middle Initial) or Full Organization Name<br><b>C. SHABLA, MARK, , ,</b>                |  | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>09 / 29 / 2023                |
| Mailing Address 7760 THOMPSON NURSERY RD  |  | <b>Transaction ID : SA12.4178</b>   |
| City<br>WINTER HAVEN  | State<br>FL                                  | Zip Code<br>33884   |
| FEC ID number of contributing federal political committee.<br>C   |  | Amount of Each Receipt this Period<br>2100.00                                   |
| Name of Employer (for Individual)<br>MS IRA T LLC   | Occupation (for Individual)<br>SELF-EMPLOYED | <input checked="" type="checkbox"/> Memo Item<br>JFC TRANSFER: LLVF [SA12.4166] |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Aggregate Year-to-Date ▼<br>2100.00          |   |

|  |      |
|--|------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....▶           | 0.00 |
| <b>TOTAL</b> This Period (last page this line number only).....▶ |      |

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

|   |                              |                                   |   |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 10 OF 14   |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input checked="" type="checkbox"/> 12                  |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)  
**FLORIDA FREEDOM FUND PAC**

**A. STRAUGHN, RICHARD, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 7202  
 City WINTER HAVEN State FL Zip Code 33883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STRAUGHN & TURNER PA Occupation (for Individual) REAL ESTATE  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2100.00

Date of Receipt 09 / 27 / 2023  
**Transaction ID : SA12.4176**  
 Amount of Each Receipt this Period 2100.00  
 Memo Item  
 JFC TRANSFER: LLVF [SA12.4166]

**B. WALKER, WADE, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO BOX 1381  
 City WINTER HAVEN State FL Zip Code 33882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF-EMPLOYED Occupation (for Individual) DEVELOPER  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2100.00

Date of Receipt 09 / 29 / 2023  
**Transaction ID : SA12.4182**  
 Amount of Each Receipt this Period 2100.00  
 Memo Item  
 JFC TRANSFER: LLVF [SA12.4166]

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

|   |          |
|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 0.00     |
| <b>TOTAL</b> This Period (last page this line number only)..... | 19085.60 |

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)  
**FLORIDA FREEDOM FUND PAC**

**A. RED CURVE SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET  
SUITE 401

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 07 / 28 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.4158

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. RED CURVE SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET  
SUITE 401

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 09 / 01 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.4159

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. RED CURVE SOLUTIONS**

Full Name (Last, First, Middle Initial)

Mailing Address 138 CONANT STREET  
SUITE 401

City BEVERLY State MA Zip Code 01915

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 10 / 17 / 2023

FEC Identification Number: C  
Transaction ID : SB21B.4160

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|   |                              |                              |                             |                              |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a            | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**FLORIDA FREEDOM FUND PAC**

Full Name (Last, First, Middle Initial)

**A. US SENATE GIFT SHOP**

Mailing Address 120 CONSTITUTION AVE NE

City  
WASHINGTON

State  
DC

Zip Code  
20510

Purpose of Disbursement  
DONOR MEMENTOS: ORNAMENTS

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    |   | 08    |   | 2023        |

FEC Identification Number

C

**Transaction ID : SB21B.4165**

Amount of Each Disbursement this Period

5154.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y 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

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|       |   |       |   |             |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

5154.00

7654.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**FLORIDA FREEDOM FUND PAC**

Full Name (Last, First, Middle Initial)

**A. LAUREL LEE FOR CONGRESS, INC.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 29    |   | 2023      |

Mailing Address P.O. BOX 2743

City  
BRANDON

State  
FL

Zip Code  
33509

FEC Identification Number

|   |           |
|---|-----------|
| C | C00815373 |
|---|-----------|

**Transaction ID : SB23.4156**

Amount of Each Disbursement this Period

|         |
|---------|
| 3300.00 |
|---------|

Memo Item

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Candidate Name

LEE, LAUREL, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Full Name (Last, First, Middle Initial)

**B. LAUREL LEE FOR CONGRESS, INC.**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 29    |   | 2023      |

Mailing Address P.O. BOX 2743

City  
BRANDON

State  
FL

Zip Code  
33509

FEC Identification Number

|   |           |
|---|-----------|
| C | C00815373 |
|---|-----------|

**Transaction ID : SB23.4157**

Amount of Each Disbursement this Period

|         |
|---------|
| 3300.00 |
|---------|

Memo Item

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Candidate Name

LEE, LAUREL, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: FL District: 15

Full Name (Last, First, Middle Initial)

**C. RON DESANTIS FOR PRESIDENT**

Date of Disbursement

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 09    |   | 29    |   | 2023      |

Mailing Address PO BOX 3696

City  
TALLAHASSEE

State  
FL

Zip Code  
32315

FEC Identification Number

|   |           |
|---|-----------|
| C | C00841130 |
|---|-----------|

**Transaction ID : SB23.4162**

Amount of Each Disbursement this Period

|         |
|---------|
| 3300.00 |
|---------|

Memo Item

Purpose of Disbursement  
FEDERAL CONTRIBUTION

Candidate Name

DESANTIS, RON, , ,

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: District: 00

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

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

|         |
|---------|
| 9900.00 |
|---------|

|  |
|--|
|  |
|--|

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                             |                              |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27  |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c           | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

**FLORIDA FREEDOM FUND PAC**

Full Name (Last, First, Middle Initial)

**A. RON DESANTIS FOR PRESIDENT**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09    | / | 29    | / | 2023        |

Mailing Address PO BOX 3696

|                     |             |                   |
|---------------------|-------------|-------------------|
| City<br>TALLAHASSEE | State<br>FL | Zip Code<br>32315 |
|---------------------|-------------|-------------------|

FEC Identification Number

|   |           |
|---|-----------|
| C | C00841130 |
|---|-----------|

Purpose of Disbursement  
FEDERAL CONTRIBUTION

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

**Transaction ID : SB23.4163**

Candidate Name

Amount of Each Disbursement this Period

DESANTIS, RON, , ,

|         |
|---------|
| 3300.00 |
|---------|

Office Sought:  House  
 Senate  
 President

State: District: 00

Disbursement For: 2024

Primary  General  
 Other (specify) ▼

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC Identification Number

|   |  |
|---|--|
| C |  |
|---|--|

Purpose of Disbursement

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Amount of Each Disbursement this Period

Candidate Name

|  |
|--|
|  |
|--|

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify)

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC Identification Number

|   |  |
|---|--|
| C |  |
|---|--|

Purpose of Disbursement

|                   |
|-------------------|
| Category/<br>Type |
|-------------------|

Amount of Each Disbursement this Period

Candidate Name

|  |
|--|
|  |
|--|

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:

Primary  General  
 Other (specify) ▼

Memo Item

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

|         |
|---------|
| 3300.00 |
|---------|

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

|          |
|----------|
| 13200.00 |
|----------|