

**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

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEE

ADDRESS (number and street)

5118 N. 56TH STREET

SUITE 115

☐ Check if different than previously reported. (ACC)

TAMPA

FL

33610

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00431643

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y 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 Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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

dAngelo, Gina, , ,

Signature of Treasurer

dAngelo, Gina, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEEReport Covering the Period: From:

M M	/	D D	/	Y Y Y Y Y
11		01		2023

 To:

M M	/	D D	/	Y Y Y Y Y
11		30		2023

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2023</div></div>		<div><div></div><div>10764.17</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>62356.54</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>575.00</div></div>	<div><div></div><div>120271.18</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>62931.54</div></div>	<div><div></div><div>131035.35</div></div>
7. Total Disbursements (from Line 31)	<div><div></div><div>1338.76</div></div>	<div><div></div><div>69442.57</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<div><div></div><div>61592.78</div></div>	<div><div></div><div>61592.78</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y
11 / 01 / 2023

To:

M M / D D / Y Y Y Y
11 / 30 / 2023

I. Receipts

COLUMN A **Total This Period**

COLUMN B **Calendar Year-to-Date**

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

390.00

102432.18

(ii) Unitemized

185.00

17839.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

575.00

120271.18

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

575.00

120271.18

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

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))

575.00

120271.18

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

575.00

120271.18

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	1505.98
(ii) Non-Federal Share.....	0.00	5665.36
(b) Other Federal Operating Expenditures	0.00	1000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	8171.34
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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).....	1338.76	61271.23
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)) ..	1338.76	69442.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1338.76	63777.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	575.00	120271.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	575.00	120271.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	2505.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	0.00	2505.98

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Beaird, Kris, , ,

Mailing Address 2220 Cattleman Dr

City
BrandonState
FLZip Code
33511FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2023

Transaction ID : SA11AI.7017

Amount of Each Receipt this Period

25.00

☐ Memo Item

Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Berning, Brian, , ,

Mailing Address 4802 Mirabella Pl

City
LutzState
FLZip Code
33557FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Research Innovations, Inc.

Occupation (for Individual)

Senior SME

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 14 / 2023

Transaction ID : SA11AI.7007

Amount of Each Receipt this Period

30.00

☐ Memo Item

Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Burke, Bob, , ,

Mailing Address 14935 Lake Forest Dr

City
LutzState
FLZip Code
33559FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2023

Transaction ID : SA11AI.7027

Amount of Each Receipt this Period

45.00

☐ Memo Item

Monthly

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

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

100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. d'Angelo, Gina, , ,

Mailing Address 6705 Peachtree Dr

City

Temple Terrace

State

FL

Zip Code

33617

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11AI.6982

Amount of Each Receipt this Period

50.00

☐ Memo Item

Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Emerson, Steve, , ,

Mailing Address 3702 Kentfield PI

City

valrico

State

FL

Zip Code

33596

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐
☐

Primary

☐ General

Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 06 / 2023

Transaction ID : SA11AI.6977

Amount of Each Receipt this Period

25.00

☐ Memo Item

Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Fardella, Gennaro, , ,

Mailing Address 6815 North Hale Ave

City

Tampa

State

FL

Zip Code

33614

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

na

Occupation (for Individual)

retired

Receipt For:

☐
☐

Primary

☐ General

Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 13 / 2023

Transaction ID : SA11AI.6998

Amount of Each Receipt this Period

10.00

☐ Memo Item

Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Galen, Dana, , ,

Mailing Address 15854 Cobble Mill Dr.

City
WimaumaState
FLZip Code
33598FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
retiredOccupation (for Individual)
retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1725.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11AI.6984

Amount of Each Receipt this Period

50.00

☐ Memo Item

Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Gallo, Kathleen, , ,

Mailing Address 1807 Magdalene Manor Dr

City
TampaState
FLZip Code
33613FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
N/AOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 16 / 2023

Transaction ID : SA11AI.7012

Amount of Each Receipt this Period

20.00

☐ Memo Item

Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Menendez, James, , ,

Mailing Address 6604 N. Wellington Avw

City
TampaState
FLZip Code
33604FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FKQOccupation (for Individual)
Web Developer

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 14 / 2023

Transaction ID : SA11AI.7008

Amount of Each Receipt this Period

25.00

☐ Memo Item

Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

95.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 12
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mize, Bianca, , ,

Mailing Address 3011 W Euclid Ave

City
TampaState
FLZip Code
33629FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-employedOccupation (for Individual)
Self employed

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 12 / 2023

Transaction ID : SA11AI.6996

Amount of Each Receipt this Period

15.00

☐ Memo Item

Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rice, Fred, , ,

Mailing Address 11626 Raulerson Rd

City
RiverviewState
FLZip Code
33589FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Computer World Services CorpOccupation (for Individual)
Program Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 11 / 2023

Transaction ID : SA11AI.6990

Amount of Each Receipt this Period

25.00

☐ Memo Item

Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Ridler, George, , ,

Mailing Address 8727 Aswroth Dr

City
TampaState
FLZip Code
33647FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RetiredOccupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 25 / 2023

Transaction ID : SA11AI.7026

Amount of Each Receipt this Period

35.00

☐ Memo Item

Monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

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

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

FOR LINE NUMBER: PAGE 10 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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			

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NAME OF COMMITTEE (In Full)

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schettini, Nicholas, Edmond, ,

Mailing Address 5525 Lake Le Clare Rd

City
Lutz

State
FL

Zip Code
33558

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.00

Date of Receipt

11 / 11 / 2023

Transaction ID : SA11AI.6992

Amount of Each Receipt this Period

15.00

☐ Memo Item

Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shupe, Michael, , ,

Mailing Address 15311 Carrollton Ln

City
Tampa

State
FL

Zip Code
33624

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Sure Payroll

Occupation (for Individual)

software engineer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

11 / 17 / 2023

Transaction ID : SA11AI.7022

Amount of Each Receipt this Period

20.00

☐ Memo Item

Monthly

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

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

SUBTOTAL of Receipts This Page (optional)..... ►

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

35.00

390.00

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

PAGE 11 OF 12

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. Auto-Owners Insurance

Mailing Address 503 W Martin Luther King Blvd

City
Plant CityState
FLZip Code
33563

Purpose of Disbursement

Insurance

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	6		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB29.7105**

Amount of Each Disbursement this Period

64.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brooks, Libby, , ,

Mailing Address 6539 Salt Creek Ave

City
Apollo BeachState
FLZip Code
33572

Purpose of Disbursement

Office Expenses

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify)		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		2	0		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB29.7103**

Amount of Each Disbursement this Period

33.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nation Builder

Mailing Address PO Box 811428

City
Los AngelesState
CAZip Code
90081

Purpose of Disbursement

Credit Card Fees

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		3	0		2	0	2	3		

FEC Identification Number

C**Transaction ID : SB29.7104**

Amount of Each Disbursement this Period

23.66

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

121.76

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

PAGE 12 OF 12

<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEE

Full Name (Last, First, Middle Initial)

A. Premier Property InvestmentsMailing Address 6000 Metrowest Blvd
Ste 101City
OrlandoState
FLZip Code
32835

Purpose of Disbursement

Decorations

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			30			2023					

FEC Identification Number

C

Transaction ID : SB29.7107

Amount of Each Disbursement this Period

1177.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	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

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	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).....▶

1177.00

1298.76