

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 GREAT AMERICAN COMEBACK

ADDRESS (number and street) PO BOX 3696 TALLAHASSEE FL 32315

2. FEC IDENTIFICATION NUMBER C C00841148 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 03 / 01 / 2024 through 03 / 31 / 2024

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 TORTORICI, CAITLYN, , ,

Signature of Treasurer TORTORICI, CAITLYN, , , Date 04 / 20 / 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

**GREAT AMERICAN COMEBACK**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2024"/>		<input type="text" value="849784.31"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="517796.45"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="0.00"/>	<input type="text" value="351751.72"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="517796.45"/>	<input type="text" value="1201536.03"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="123933.45"/>	<input type="text" value="807673.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="393863.00"/>	<input type="text" value="393863.00"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on 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

GREAT AMERICAN COMEBACK

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

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).....	0.00	16246.10
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	16246.10
(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) .....	0.00	16246.10
12. Transfers From Affiliated/Other Party Committees.....	0.00	335505.62
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)).....▶	0.00	351751.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	0.00	351751.72

**DETAILED SUMMARY PAGE**

of Disbursements

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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	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	94728.37	270967.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	94728.37	270967.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	505000.00
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 .....	205.08	205.08
(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)).....	205.08	205.08
29. Other Disbursements (Including Non-Federal Donations).....	29000.00	31500.00
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)) ..	123933.45	807673.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	123933.45	807673.03

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	0.00	16246.10
34. Total Contribution Refunds (from Line 28(d)) .....	205.08	205.08
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	- 205.08	16041.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	94728.37	270967.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	94728.37	270967.95

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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)
GREAT AMERICAN COMEBACK

Form A: GRANSKOG, GLEN, , , . Includes fields for Date of Disbursement (03/04/2024), Mailing Address (518 SAWGRASS CIRCLE), City (MELBOURNE), State (FL), Zip Code (32940), Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (2140.00).

Form B: HAYES, DAVID, , , . Includes fields for Date of Disbursement (03/04/2024), Mailing Address (12091 AUTUMN FERN LANE), City (ORLANDO), State (FL), Zip Code (32827), Purpose of Disbursement (TRAVEL), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (2100.00).

Form C: AMERICAN EXPRESS. Includes fields for Date of Disbursement (03/11/2024), Mailing Address (200 VESEY STREET), City (NEW YORK), State (NY), Zip Code (10285), Purpose of Disbursement (CREDIT CARD PAYMENT), Candidate Name, Office Sought, Disbursement For, and Amount of Each Disbursement (26877.42).

SUBTOTAL of Disbursements This Page (optional) 31117.42
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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. ATLANTIC AVIATION**

Mailing Address 400 HERNDON AVE

City  
ORLANDO

State  
FL

Zip Code  
32803

Purpose of Disbursement

TRAVEL

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
0	3		1	1		2	0	2	4

FEC Identification Number

C [ ]

**Transaction ID : SB21B.14**

Amount of Each Disbursement this Period

[ ] 16487.34 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**B. CITY OF AVON PARK**

Mailing Address 110 E MAIN STREET

City  
AVON PARK

State  
FL

Zip Code  
33825

Purpose of Disbursement

TRAVEL

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
0	3		1	1		2	0	2	4

FEC Identification Number

C [ ]

**Transaction ID : SB21B.20**

Amount of Each Disbursement this Period

[ ] 2862.07 [ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C. MILLION AIR TALLAHASSEE**

Mailing Address 3256 CAPITAL CIRCLE SW

City  
TALLAHASSEE

State  
FL

Zip Code  
32310

Purpose of Disbursement

TRAVEL

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
0	3		1	1		2	0	2	4

FEC Identification Number

C [ ]

**Transaction ID : SB21B.18**

Amount of Each Disbursement this Period

[ ] 5528.15 [ ]

Memo Item

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

[ ] 0.00 [ ]

**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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. NAPLES AIRPORT AUTHORITY**

Mailing Address 160 AVIATION DR N

City  
NAPLES

State  
FL

Zip Code  
34104

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2024

FEC Identification Number

C

**Transaction ID : SB21B.15**

Amount of Each Disbursement this Period

1793.16

Memo Item

Full Name (Last, First, Middle Initial)

**B. NAPLES JET CENTER**

Mailing Address 377 CITATION POINT

City  
NAPLES

State  
FL

Zip Code  
34104

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2024

FEC Identification Number

C

**Transaction ID : SB21B.16**

Amount of Each Disbursement this Period

206.70

Memo Item

Full Name (Last, First, Middle Initial)

**C. DICKINSON WRIGHT PLLC**

Mailing Address 1825 EYE STREET NW, SUITE 900

City  
WASHINGTON

State  
DC

Zip Code  
20006

Purpose of Disbursement

LEGAL CONSULTING

Candidate Name

Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

MM / DD / YYYY  
03 / 11 / 2024

FEC Identification Number

C

**Transaction ID : SB21B.5**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

5000.00



**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 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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. GOVERNOR'S MANSION AUXILLARY, INC.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	2	4

Mailing Address 700 NORTH ADAMS STREET

City TALLAHASSEE State FL Zip Code 32315

FEC Identification Number

C

Transaction ID : SB21B.10

Amount of Each Disbursement this Period

1971.67

Purpose of Disbursement

FOOD / BEVERAGE

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. INTUIT QUICKBOOKS ONLINE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	4		2	0	2	4

Mailing Address 2632 MARINE WAY

City MOUNTAIN VIEW State CA Zip Code 94043

FEC Identification Number

C

Transaction ID : SB21B.3

Amount of Each Disbursement this Period

59.50

Purpose of Disbursement

SOFTWARE

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. ABACUS GROUP**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	5		2	0	2	4

Mailing Address 2241 NORTH MONROE STREET #1487

City TALLAHASSEE State FL Zip Code 32303

FEC Identification Number

C

Transaction ID : SB21B.4

Amount of Each Disbursement this Period

7508.80

Purpose of Disbursement

COMPLIANCE CONSULTING / POSTAGE

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

Memo Item

State: District:

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

9539.97

**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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. COHEN GLOBAL VENTURES, LLC**

Mailing Address 12203 NW 19TH ST

City  
PLANTATION

State  
FL

Zip Code  
33323

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	8			2	0	2	4		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.8

Amount of Each Disbursement this Period

[REDACTED] 5663.85

Memo Item

Full Name (Last, First, Middle Initial)

**B. TMFB MANAGEMENT SERVICES**

Mailing Address 615 EAST HARDING STREET

City  
ORLANDO

State  
FL

Zip Code  
32806

Purpose of Disbursement

TRAVEL

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	0			2	0	2	4		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.9

Amount of Each Disbursement this Period

[REDACTED] 36902.25

Memo Item

Full Name (Last, First, Middle Initial)

**C. BARTLETT, JESSICA, , ,**

Mailing Address PO BOX 3696

City  
TALLAHASSEE

State  
FL

Zip Code  
32315

Purpose of Disbursement

COMPLIANCE CONSULTING

Candidate Name

Category/  
Type

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	5			2	0	2	4		

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.1

Amount of Each Disbursement this Period

[REDACTED] 3125.00

Memo Item

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

[REDACTED] 45691.10

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

[REDACTED]

# 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)

## GREAT AMERICAN COMEBACK

Full Name (Last, First, Middle Initial)

**A. SCEUSA , CARL , ,**

Mailing Address PO BOX 3696

City  
TALLAHASSEE

State  
FL

Zip Code  
32315

Purpose of Disbursement  
MANAGEMENT CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	4

FEC Identification Number

C [ ]

**Transaction ID : SB21B.2**

Amount of Each Disbursement this Period

[ ] 3125.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. UTHMEIER , JAMES , ,**

Mailing Address PO BOX 3696

City  
TALLAHASSEE

State  
FL

Zip Code  
32315

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	4

FEC Identification Number

C [ ]

**Transaction ID : SB21B.11**

Amount of Each Disbursement this Period

[ ] 254.88

Memo Item

Full Name (Last, First, Middle Initial)

**C. THE BREAKERS**

Mailing Address ONE SOUTH CO RD

City  
PALM BEACH

State  
FL

Zip Code  
33480

Purpose of Disbursement  
FOOD / BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	2	4

FEC Identification Number

C [ ]

**Transaction ID : SB21B.12**

Amount of Each Disbursement this Period

[ ] 254.88

Memo Item

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

[ ] 3379.88

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

[ ] 94728.37

# 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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" 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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. WHITIS, DEREK, , ,**

Mailing Address 403 PLANTATION RD

City  
TALLAHASSEE

State  
FL

Zip Code  
32303

Purpose of Disbursement  
REFUND OF CONTRIBUTION

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	2	4

FEC Identification Number

C [ ]

Transaction ID : SB28A.1

Amount of Each Disbursement this Period

[ ] 205.08

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	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

[ ] 205.08

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

[ ] 205.08

**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 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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. ASHLEY TRANTHAM FOR STATE HOUSE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 305 MCKITTRICK RD

City  
PELZER State  
SC Zip Code  
29669

FEC Identification Number

C [ ]

Transaction ID : SB29.1

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. BRIAN ADAMS FOR SC SENATE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 121 LONDONBERRY ROAD

City  
GOOSE CREEK State  
SC Zip Code  
29445

FEC Identification Number

C [ ]

Transaction ID : SB29.2

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. CARL RITCHIE FOR SHERIFF**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 1485 ENDICOT WAY

City  
MOUNT PLEASANT State  
SC Zip Code  
29466

FEC Identification Number

C [ ]

Transaction ID : SB29.3

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

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

[ ] 3000.00

[ ]

# 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 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)

## GREAT AMERICAN COMEBACK

Full Name (Last, First, Middle Initial)

**A. CASKEY FOR HOUSE**

Mailing Address P.O. BOX 5875

City  
WEST COLUMBIA

State  
SC

Zip Code  
29171

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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 M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2024

FEC Identification Number

C

Transaction ID : SB29.4

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CATHERINE HUDDLE FOR SCHOOL BOARD**

Mailing Address 132 WATER LINKS DR

City  
CHAPIN

State  
SC

Zip Code  
29036

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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 M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2024

FEC Identification Number

C

Transaction ID : SB29.5

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. CHRIS MURPHY FOR STATE HOUSE**

Mailing Address 4238 PERSIMMON WOODS DR

City  
NORTH CHARLESTON

State  
SC

Zip Code  
29420

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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 M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2024

FEC Identification Number

C

Transaction ID : SB29.6

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

# 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 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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. CLARKE STEARNS FOR SHERIFF**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 211 W. AUGUSTA STREET EXT

City MCCORMICK State SC Zip Code 29835

FEC Identification Number

C [ ]

Transaction ID : SB29.7

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. EDDIE CROSBY FOR COUNTY COUNCIL**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 123 REYNOLDS RD

City SUMMERVILLE State SC Zip Code 29483

FEC Identification Number

C [ ]

Transaction ID : SB29.8

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. GARY BREWER FOR SC HOUSE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 2329 S. LANDER LANE

City CHARLESTON State SC Zip Code 29414

FEC Identification Number

C [ ]

Transaction ID : SB29.9

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

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

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

[ ] 3000.00

[ ]

# 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 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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. GUFFEY FOR HOUSE**

Mailing Address PO BOX 37561

City  
ROCK HILL

State  
SC

Zip Code  
29732

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	2	4		

FEC Identification Number

C [ ]

Transaction ID : SB29.10

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. HERBKERSMAN FOR HOUSE**

Mailing Address PO BOX 2120

City  
BLUFFTON

State  
SC

Zip Code  
29910

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	2	4		

FEC Identification Number

C [ ]

Transaction ID : SB29.11

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. HIXON FOR HOUSE**

Mailing Address PO BOX 7927

City  
NORTH AUGUSTA

State  
SC

Zip Code  
29861

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	8			2	0	2	4		

FEC Identification Number

C [ ]

Transaction ID : SB29.12

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

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

[ ] 3000.00

**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 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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. JASON BRANHAM FOR RICHLAND COUNTY COUNCIL**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 206 AVERILL LANE

FEC Identification Number

C [ ]

**Transaction ID : SB29.13**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

City IRMO State SC Zip Code 29063

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. JOE BUSTOS FOR THE HOUSE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 649 KING ST

FEC Identification Number

C [ ]

**Transaction ID : SB29.14**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

City MOUNT PLEASANT State SC Zip Code 29464

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. JOSH KIMBRELL FOR SENATE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 500 AMMONS ROAD, SUITE 204

FEC Identification Number

C [ ]

**Transaction ID : SB29.15**

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

City SPARTANBURG State SC Zip Code 29306

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

[ ] 3000.00

[ ]

# 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 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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. KELLEY MOBLEY FOR COUTY COUNCIL**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 1003 WEST AVENUE

City NORTH AUGUSTA State SC Zip Code 29841

FEC Identification Number

C [ ]

**Transaction ID : SB29.16**

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**B. LUKE RANKIN FOR STATE HOUSE**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 11448 HWY 76 W

City GRAY COURT State SC Zip Code 29645

FEC Identification Number

C [ ]

**Transaction ID : SB29.17**

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

Full Name (Last, First, Middle Initial)

**C. REP DENNIS MOSS H29**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	8		2	0	2	4

Mailing Address 306 SILVER CIR

City GAFFNEY State SC Zip Code 29340

FEC Identification Number

C [ ]

**Transaction ID : SB29.18**

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) ▼  
 State: District:

Memo Item

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

[ ] 3000.00

**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 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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. REX RICE FOR SENATE**

Mailing Address P.O. BOX 1706

City  
PICKENS

State  
SC

Zip Code  
29641

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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
0	3		2	8		2	0	2	4

FEC Identification Number

C [ ]

Transaction ID : SB29.19

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. ROBERT HARTE FOR CLERK OF COURT**

Mailing Address 223 FOREST PINES ROAD

City  
AIKEN

State  
SC

Zip Code  
29803

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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
0	3		2	8		2	0	2	4

FEC Identification Number

C [ ]

Transaction ID : SB29.20

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. ROGER NUTT FOR STATE SENATE**

Mailing Address 142 TWIN LAKES DR.

City  
MOORE

State  
SC

Zip Code  
29369

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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
0	3		2	8		2	0	2	4

FEC Identification Number

C [ ]

Transaction ID : SB29.21

Amount of Each Disbursement this Period

[ ] 1000.00

Memo Item

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

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

[ ] 3000.00

[ ]

# 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 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)

## GREAT AMERICAN COMEBACK

Full Name (Last, First, Middle Initial)

**A. ROWLAND FOR SHERIFF**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2024

Mailing Address 200 RAILROAD STREET

City  
EDGEFIELD

State  
SC

Zip Code  
29824

FEC Identification Number

C [ ]

Transaction ID : SB29.22

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**B. STEVEN LONG FOR STATE HOUSE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2024

Mailing Address P.O. BOX 161944

City  
BOILING SPRINGS

State  
SC

Zip Code  
29316

FEC Identification Number

C [ ]

Transaction ID : SB29.23

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

Full Name (Last, First, Middle Initial)

**C. TAYLOR SC HOUSE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2024

Mailing Address 308 SUMMER WIND CT

City  
AIKEN

State  
SC

Zip Code  
29805

FEC Identification Number

C [ ]

Transaction ID : SB29.24

Amount of Each Disbursement this Period

[ ] 1000.00

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

[ ]

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Memo Item

State: District:

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

[ ] 3000.00

**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 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)

## GREAT AMERICAN COMEBACK

Full Name (Last, First, Middle Initial)

### A. TODD FRIDDLE FOR DORCHESTER COUNTY COUNCIL

Mailing Address 8748 HERONS WALK

City  
NORTH CHARLESTON

State  
SC

Zip Code  
29420

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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 M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2024

FEC Identification Number

C

Transaction ID : SB29.25

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. TOM HARTNETT FOR 110

Mailing Address 822 O'SULLIVAN DRIVE

City  
MOUNT PLEASANT

State  
SC

Zip Code  
29464

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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 M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2024

FEC Identification Number

C

Transaction ID : SB29.26

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. TRAVIS MOORE FOR HOUSE

Mailing Address 361 LANCASTER FARM RD

City  
ROEBUCK

State  
SC

Zip Code  
29376

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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 M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2024

FEC Identification Number

C

Transaction ID : SB29.27

Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

# 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 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)

**GREAT AMERICAN COMEBACK**

Full Name (Last, First, Middle Initial)

**A. TRENT FOR SCHOOL BOARD**

Mailing Address 312 HUNTING ROAD

City  
GREENWOOD

State  
SC

Zip Code  
29646

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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 M	/	D D D	/	Y Y Y Y Y
03		28		2024

FEC Identification Number

C

Transaction ID : SB29.28

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. VERDIN FOR SENATE**

Mailing Address 2614 FLEMING MILL RD.

City  
LAURENS

State  
SC

Zip Code  
29360

Purpose of Disbursement  
NON FEDERAL CONTRIBUTION

Candidate Name

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 M	/	D D D	/	Y Y Y Y Y
03		28		2024

FEC Identification Number

C

Transaction ID : SB29.29

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

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 M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

29000.00