

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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [01] / [01] / [2023] through [06] / [30] / [2023]

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
CRATE, BRADLEY, T., MR.,
Type or Print Name of Treasurer

Signature of Treasurer CRATE, BRADLEY, T., MR., [Electronically Filed] Date [07] / [31] / [2023]

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 This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="5641.98"/>	<input type="text" value="5641.98"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5641.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35066.97"/>	<input type="text" value="35066.97"/>
(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="40708.95"/>	<input type="text" value="40708.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="4000.90"/>	<input type="text" value="4000.90"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="36708.05"/>	<input type="text" value="36708.05"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FLORIDA FREEDOM FUND PAC

Report Covering the Period: From: 01 / 01 / 2023 To: 06 / 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).....	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).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	0.00
12. Transfers From Affiliated/Other Party Committees.....	35066.97	35066.97
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)).....▶	35066.97	35066.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	35066.97	35066.97

DETAILED SUMMARY PAGE
of Disbursements

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	4000.90	4000.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4000.90	4000.90
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).....	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)) ..	4000.90	4000.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4000.90	4000.90

DETAILED SUMMARY PAGE
of Disbursements

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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)	0.00	0.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4000.90	4000.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4000.90	4000.90

**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 10
<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

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. ALEXANDER, CYNTHIA, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 N SCENIC HWY
 City LAKE WALES State FL Zip Code 33898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) FLORIDA POLYTECHNIC UNIVERSITY Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 27 / 2023
Transaction ID : SA12.4148
 Amount of Each Receipt this Period 5000.00
 Memo Item
 JFC TRANSFER: LLVF [SA12.4128]

B. ALEXANDER, JOHN, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 N SCENIC HWY
 City LAKE WALES State FL Zip Code 33898
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED Occupation (for Individual) REAL ESTATE
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 04 / 27 / 2023
Transaction ID : SA12.4150
 Amount of Each Receipt this Period 5000.00
 Memo Item
 JFC TRANSFER: LLVF [SA12.4128]

C. CASSIDY, ALBERT, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 ELOISE LOOP RD
 City WINTER HAVEN State FL Zip Code 33884
 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 ▼ 5000.00

Date of Receipt 04 / 21 / 2023
Transaction ID : SA12.4144
 Amount of Each Receipt this Period 5000.00
 Memo Item
 JFC TRANSFER: LLVF [SA12.4128]

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL 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 7 OF 10
<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. CASSIDY, GLORIA, K, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1901 ELOISE LOOP RD
 City WINTER HAVEN State FL Zip Code 33884
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) **HOMEMAKER** Occupation (for Individual) **HOMEMAKER**
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **04 / 21 / 2023**
Transaction ID : SA12.4146
 Amount of Each Receipt this Period 5000.00
 Memo Item
 JFC TRANSFER: LLVF [SA12.4128]

B. COOL MASTER PRO, LLC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8101 ANDERSON RD
 City TAMPA State FL Zip Code 33634
 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 ▼ 5000.00

Date of Receipt **03 / 09 / 2023**
Transaction ID : SA12.4141
 Amount of Each Receipt this Period 5000.00
 Memo Item
 JFC TRANSFER: LLVF [SA12.4128] SOLE PROPRIETORSHIP

C. LAUREL LEE VICTORY FUND
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. BOX 2743
 City BRANDON State FL Zip Code 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 ▼ 29349.20

Date of Receipt **05 / 18 / 2023**
Transaction ID : SA12.4128
 Amount of Each Receipt this Period 29349.20
 Memo Item
 JFC TRANSFER: SEE ATTRIBUTIONS

SUBTOTAL of Receipts This Page (optional).....	29349.20
TOTAL 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 10
<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. LAUREL LEE VICTORY FUND
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address P.O. BOX 2743

City BRANDON	State FL	Zip Code 33509
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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 ▼
5717.77

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
06	/	30	/	2023

Transaction ID : SA12.4130

Amount of Each Receipt this Period
5717.77

Memo Item
 JFC TRANSFER: SEE ATTRIBUTIONS ABOVE ITEMIZATION THRESHOLD: SOME DONORS PREVIOUSLY DISCLOSED

B. MENG, XIANBIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8101 ANDERSON RD

City TAMPA	State FL	Zip Code 33634
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
COOL MASTER PRO, LLC OWNER

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
03	/	09	/	2023

Transaction ID : SA12.4142

Amount of Each Receipt this Period
5000.00

Memo Item
 JFC TRANSFER: LLVF [SA12.4128] COOL MASTER PRO, LLC: SOLE PROPRIETOR

C. PEPIN, CHRISTINA, R, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14507 COTSWOLDS DR

City TAMPA	State FL	Zip Code 33626
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03	/	02	/	2023

Transaction ID : SA12.4136

Amount of Each Receipt this Period
2100.00

Memo Item
 JFC TRANSFER: LLVF [SA12.4128]

SUBTOTAL of Receipts This Page (optional).....	5717.77
TOTAL 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 10
<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. PEPIN, LAUREN, J, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8511 VAN DYKE RD

City ODESSA	State FL	Zip Code 33556
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) RETIRED	Occupation (for Individual) RETIRED
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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
03		03		2023

Transaction ID : SA12.4138

Amount of Each Receipt this Period
5000.00

Memo Item
JFC TRANSFER: LLVF [SA12.4128]

B. PEPIN, THOMAS, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12191 W LINEBAUGH AVE
PO BOX 788

City TAMPA	State FL	Zip Code 33626
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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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2023

Transaction ID : SA12.4140

Amount of Each Receipt this Period
5000.00

Memo Item
JFC TRANSFER: LLVF [SA12.4128]

C. XIE, QIN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12077 GANDY BLVD N
APT 354

City SAINT PETERSBURG	State FL	Zip Code 33702
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED	Occupation (for Individual) INFORMATION REQUESTED
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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
06		20		2023

Transaction ID : SA12.4152

Amount of Each Receipt this Period
5000.00

Memo Item
JFC TRANSFER: LLVF [SA12.4130]

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	35066.97

**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. RED CURVE SOLUTIONS			Date of Disbursement MM / DD / YYYY 05 / 18 / 2023	
Mailing Address 138 CONANT STREET SUITE 401			FEC Identification Number C	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB21B.4132	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Amount of Each Disbursement this Period 500.90	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. RED CURVE SOLUTIONS			Date of Disbursement MM / DD / YYYY 05 / 18 / 2023	
Mailing Address 138 CONANT STREET SUITE 401			FEC Identification Number C	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB21B.4133	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Amount of Each Disbursement this Period 1000.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. RED CURVE SOLUTIONS			Date of Disbursement MM / DD / YYYY 05 / 18 / 2023	
Mailing Address 138 CONANT STREET SUITE 401			FEC Identification Number C	
City BEVERLY	State MA	Zip Code 01915	Transaction ID : SB21B.4134	
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type	Amount of Each Disbursement this Period 2500.00	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional).....▶	4000.90
TOTAL This Period (last page this line number only).....▶	4000.90