FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

Vote Swaffar

ADDRESS (number and street) ▼ 10 Fairway Dr

☐ Check if different than previously reported. (ACC)

Deerfield Beach (CITY ▲) FL (STATE ▲) 33441 – (ZIP CODE ▲)

2. **FEC IDENTIFICATION NUMBER ▼** C C00871186

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

STATE ▼ FL DISTRICT 23

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)
- ☐ Termination Report (TER)

(b) 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

(c) 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 11 / 26 / 2024 through 12 / 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 Kiger, Robert, Scott, ,

Signature of Treasurer *Kiger, Robert, Scott, ,* Date 01 / 29 / 2025

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 3** (Revised 03/2016)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Vote Swaffar

Report Covering the Period: From: M M 11 / D D 26 / Y Y Y Y 2024 To: M M 12 / D D 31 / Y Y Y Y 2024

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	0.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	10.00	10.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	10.00	10.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	182.02	
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	21025.00	

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3** (Revised 05/2016)

Write or Type Committee Name

Vote Swaffar

Report Covering the Period: From: 11 / 26 / 2024 To: 12 / 31 / 2024

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS: (a) Made or Guaranteed by the Candidate	167.02	167.02
(b) All Other Loans	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b))	167.02	167.02
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. **TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) ▶	167.02	167.02

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3** (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES	10.00	10.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00
20. 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 20(a), (b), and (c))	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. **TOTAL DISBURSEMENTS** (add Lines 17, 18, 19(c), 20(d), and 21) ▶	10.00	10.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	25.00
24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)	167.02
25. SUBTOTAL (add Line 23 and Line 24)	192.02
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	10.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)	182.02

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☒ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Vote Swaffar

A.
Full Name (Last, First, Middle Initial): SWAFFAR, Darlene, Cerezo, ,
Mailing Address: 10 FAIRWAY DRIVE
SUITE 118
City: DEERFIELD BEACH | State: FL | Zip Code: 33441
FEC ID number of contributing federal political committee.: C H0FL22100
Name of Employer: Sunshine Insurance Associates
Occupation: Insurance Broker Owner CEO
Receipt For: 2024
☐ Primary ☒ General
☐ Other (specify)
Election Cycle-to-Date: 167.02

Date of Receipt: 12 / 03 / 2024
Transaction ID : SA13A.6829
Amount of Each Receipt this Period: 167.02
☐ Memo Item
To Reverse Loan Repayment on 09/24/2024

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee.: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee.: C
Name of Employer:
Occupation:
Receipt For:
☐ Primary ☐ General
☐ Other (specify)
Election Cycle-to-Date:

Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 167.02

TOTAL This Period (last page this line number only) ▶ 167.02

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): Vote Swaffar

Transaction ID : SC/10.6821

LOAN SOURCE Full Name (Last, First, Middle Initial): Kiger, Robert, Scott, ,

- [ ] Memo Item

Election: 2026
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: PO Box 3475

City	State	ZIP Code
Palm Beach	FL	33480

- [x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25.00	0.00	25.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
10 / 25 / 2024	None	0.00 % (apr)	[ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 25.00

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): Vote Swaffar

Transaction ID : SC/10.5413

LOAN SOURCE Full Name (Last, First, Middle Initial): SWAFFAR, Darlene, Cerezo, ,

- [ ] Memo Item

Election: 2024
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 10 FAIRWAY DRIVE SUITE 118

City	State	ZIP Code
DEERFIELD BEACH	FL	33441

- [x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	167.02	832.98

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
02/26/2024	None	0.00 % (apr)	[ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Mailing Address:
   City: State: ZIP Code:
   Name of Employer:
   Occupation:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 832.98

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): Vote Swaffar

Transaction ID : SC/10.6214

LOAN SOURCE Full Name (Last, First, Middle Initial): SWAFFAR, Darlene, Cerezo, ,

- [ ] Memo Item

Election: 2024
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 10 FAIRWAY DRIVE SUITE 118

City	State	ZIP Code
DEERFIELD BEACH	FL	33441

- [x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM/DD/YYYY)	Date Due (MM/DD/YYYY)	Interest Rate (If none, enter 0)	Secured:
06/24/2024	None	0.00 % (apr)	[ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): Vote Swaffar

Transaction ID : SC/10.6669

LOAN SOURCE Full Name (Last, First, Middle Initial): SWAFFAR, Darlene, Cerezo, ,

- [ ] Memo Item

Election: 2024
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 10 FAIRWAY DRIVE SUITE 118

City	State	ZIP Code
DEERFIELD BEACH	FL	33441

- [x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
5000.00	0.00	5000.00

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
07 / 22 / 2024	None	0.00 % (apr)	[ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 5000.00

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): Vote Swaffar

Transaction ID : SC/10.6752

LOAN SOURCE Full Name (Last, First, Middle Initial): SWAFFAR, Darlene, Cerezo, ,

- [ ] Memo Item

Election: 2024
- [x] Primary
- [ ] General
- [ ] Other (specify) ▼

Mailing Address: 10 FAIRWAY DRIVE SUITE 118

City: DEERFIELD BEACH | State: FL | ZIP Code: 33441

- [x] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
10000.00	0.00	10000.00

TERMS

Date Incurred	Date Due	Interest Rate (If none, enter 0)	Secured:
08 / 09 / 2024	None	0.00 % (apr)	[ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial)
   Name of Employer
   Mailing Address
   Occupation
   City | State | ZIP Code
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 10000.00

TOTALS This Period (last page in this line only) ▶

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

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)
- [x] 13a
- [ ] 13b

NAME OF COMMITTEE (In Full): Vote Swaffar

Transaction ID : SC/10.6829

LOAN SOURCE Full Name (Last, First, Middle Initial): SWAFFAR, Darlene, Cerezo, ,

- [ ] Memo Item

Election: 2024
- [ ] Primary
- [x] General
- [ ] Other (specify) ▼

Mailing Address: 10 FAIRWAY DRIVE SUITE 118

City	State	ZIP Code
DEERFIELD BEACH	FL	33441

- [ ] Personal Funds of the Candidate

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
167.02	0.00	167.02

TERMS

Date Incurred (MM / DD / YYYY)	Date Due (MM / DD / YYYY)	Interest Rate (If none, enter 0)	Secured:
12 / 03 / 2024	None	0.00 % (apr)	[ ] Yes [x] No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

2. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

3. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

4. Full Name (Last, First, Middle Initial):
   Name of Employer:
   Mailing Address:
   Occupation:
   City: State: ZIP Code:
   Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional) ▶ 167.02

TOTALS This Period (last page in this line only) ▶ 21025.00

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