

**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  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y 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 Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

01

2024

07

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

Ballance, John, , Mr.,

Signature of Treasurer

Ballance, John, , Mr.,

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

05

08

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 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 COMMITTEE**

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2024 To: MM / DD / YYYY 07 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		62178.63
(b) Cash on Hand at Beginning of Reporting Period.....	62179.23	
(c) Total Receipts (from Line 19) .....	3365.00	39070.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	65544.23	101248.63
7. Total Disbursements (from Line 31) .....	11786.06	47490.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	53758.17	53758.17
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

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  
07 01 2024

To:

M M / D D / Y Y Y Y  
07 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).....

2985.00

32175.00

(ii) Unitemized .....

380.00

6895.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

3365.00

39070.00

(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) .....

3365.00

39070.00

## 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)) .....

3365.00

39070.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

3365.00

39070.00

# **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	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
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).....	11786.06	47490.46
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)) ..	11786.06	47490.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11786.06	47490.46

**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) .....	3365.00	39070.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	3365.00	39070.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	0.00	0.00
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	0.00

**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 23

(check only one)

<input checked="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			

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)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2024

Transaction ID : SA11AI.8125

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Berning, Brian, , 1.17,**

Mailing Address 4802 Mirabella Pl

City  
LutzState  
FLZip Code  
33557FEC 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 ▼

335.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2024

Transaction ID : SA11AI.8144

Amount of Each Receipt this Period

30.00

☐ Memo Item

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 ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2024

Transaction ID : SA11AI.8128

Amount of Each Receipt this Period

180.00

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

235.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 23

(check only one)

<input checked="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. 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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 22 / 2024

Transaction ID : SA11AI.8129

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Bushong, Christine, , 1.03,**

Mailing Address 4204 Russon Way

City  
LutzState  
FLZip Code  
33558FEC 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 ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 15 / 2024

Transaction ID : SA11AI.8136

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Bushong, Christine, , 1.03,**

Mailing Address 4204 Russon Way

City  
LutzState  
FLZip Code  
33558FEC 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 ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 18 / 2024

Transaction ID : SA11AI.8132

Amount of Each Receipt this Period

25.00

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

100.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 23

(check only one)

<input checked="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. Bushong, Christine, , 1.03,**

Mailing Address 4204 Russon Way

City  
LutzState  
FLZip Code  
33558FEC 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 ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2024

Transaction ID : SA11AI.8131

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**B. Cahalan, Kimberly, , ,**

Mailing Address 7610 Clair Wood Ct

City

Apollo Beach

State

FL

Zip Code

33572

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

LabCorp

Occupation (for Individual)

Medical Tech

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 04 / 2024

Transaction ID : SA11AI.8150

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**C. Emerson, Stephen, , ,**

Mailing Address 3702 Kentfield Pl

City

Valrico, Fl

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 ▼

1175.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 06 / 2024

Transaction ID : SA11AI.8149

Amount of Each Receipt this Period

25.00

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

100.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 23  
(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. Fardella, Gennaro, , ,**

Mailing Address 6815 N Hale Ave

City  
TampaState  
FLZip Code  
33614FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Vein and Vascular InstituteOccupation (for Individual)  
RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

445.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 11 / 2024

Transaction ID : SA11AI.8142

Amount of Each Receipt this Period

10.00

☐ Memo Item

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

**B. Gallo, Kathleen, , 1.03,**

Mailing Address 1807 Magdalene Manor Dr

City  
TampaState  
FLZip Code  
33613FEC 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 ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 07 / 2024

Transaction ID : SA11AI.8147

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Group, Anonymous, , ,**Mailing Address 5118 N 56th St  
#115City  
TampaState  
FLZip Code  
33610FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
naOccupation (for Individual)  
na

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1840.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 23 / 2024

Transaction ID : SA11AI.9903

Amount of Each Receipt this Period

1840.00

☐ Memo Item

Meeting Donations - Small

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

1875.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 23  
(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. Hall, Deanne, , ,**

Mailing Address 8009 Keyhlest Conch Dr

City  
RiverviewState  
FLZip Code  
33578FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
VeritivOccupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2024

Transaction ID : SA11Al.8140

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Hay, Peter, , 4.65,**

Mailing Address 14344 N Rome Ave

City  
TampaState  
FLZip Code  
33613FEC 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 ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 29 / 2024

Transaction ID : SA11Al.8126

Amount of Each Receipt this Period

150.00

☐ Memo Item

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

**C. Menendez, James, , ,**

Mailing Address 506 W Bird St

City  
TampaState  
FLZip Code  
34604FEC 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 M / D D D / Y Y Y Y Y Y  
07 / 01 / 2024

Transaction ID : SA11Al.8151

Amount of Each Receipt this Period

25.00

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

275.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 23  
(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. Nachtrab, Matthew, , 9,**

Mailing Address 116 Adalia Ave

City  
TampaState  
FLZip Code  
33606FEC 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 ▼

1500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 21 / 2024

Transaction ID : SA11AI.8130

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Rice, Fred, , ,**

Mailing Address 11626 RAULERSON Rd

City  
RiverviewState  
FLZip Code  
33569FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Computer World Services Corp.

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2024

Transaction ID : SA11AI.8148

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

**C. Ridler, George, , ,**

Mailing Address 8727 Ashworth Dr

City  
TampaState  
FLZip Code  
33647-2269FEC 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 ▼

445.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
07 / 07 / 2024

Transaction ID : SA11AI.8146

Amount of Each Receipt this Period

75.00

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

400.00

2985.00

**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 23

<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. Allie, DeMarco, , ,**

Mailing Address 1218 Golf Meadow Blvd

City  
ValricoState  
FLZip Code  
33596

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9		2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.8267**

Amount of Each Disbursement this Period

563.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Allie, DeMarco, , ,**

Mailing Address 1218 Golf Meadow Blvd

City  
ValricoState  
FLZip Code  
33596

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8		2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.8271**

Amount of Each Disbursement this Period

453.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Allie, DeMarco, , ,**

Mailing Address 1218 Golf Meadow Blvd

City  
ValricoState  
FLZip Code  
33596

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	1		2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.8274**

Amount of Each Disbursement this Period

596.37

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

1612.98

**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 13 OF 23

<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. Amazon**

Mailing Address 410 Terry Ave N

City  
SeattleState  
WAZip Code  
98109

Purpose of Disbursement

Candidate Name

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) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	6			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB29.8269**

Amount of Each Disbursement this Period

139.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Auto-Owners Insurance**

Mailing Address 503 W Martin Luther King Blvd

City  
Plant CityState  
FLZip Code  
33563

Purpose of Disbursement

Candidate Name

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)		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB29.8265**

Amount of Each Disbursement this Period

64.06

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Good guy signs**

Mailing Address 5002 N howard ave

City  
TampaState  
FLZip Code  
33603

Purpose of Disbursement

Candidate Name

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) ▼		

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	3			2	0	2	4	

FEC Identification Number

**C****Transaction ID : SB29.8261**

Amount of Each Disbursement this Period

765.94

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

969.70

**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 14 OF 23

<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. Outfront Media, LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	4		

Mailing Address 4511 N. Himes Avenue  
Suite 200City  
TampaState  
FLZip Code  
33614

Purpose of Disbursement

Credit Card Payment - Itemized

Candidate Name

001

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:

FEC Identification Number

**C****Transaction ID : SB29.9805**

Amount of Each Disbursement this Period

2205.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PKB Bookkeeping Services**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	8			2	0	2	4		

Mailing Address 302 Lake Dr

City  
BrandonState  
FLZip Code  
33510

Purpose of Disbursement

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:

FEC Identification Number

**C****Transaction ID : SB29.8272**

Amount of Each Disbursement this Period

800.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Premier Property**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	2	4		

Mailing Address 6000 metrowest blvd ste 101

City  
OrlandoState  
FLZip Code  
32835

Purpose of Disbursement

Office Rent

Candidate Name

001

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:

FEC Identification Number

**C****Transaction ID : SB29.9824**

Amount of Each Disbursement this Period

1177.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4182.00

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 23

<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 Investments**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	2	4

Mailing Address 6000 Metrowest Blvd  
Ste 101City  
OrlandoState  
FLZip Code  
32835

FEC Identification Number

**C****Transaction ID : SB29.8273**

Amount of Each Disbursement this Period

551.40

☐ Memo Item

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**B. Print Fast**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	3		2	0	2	4

Mailing Address 8412 Sabal Industrial blvd

City  
TampaState  
FLZip Code  
33619

FEC Identification Number

**C****Transaction ID : SB29.8262**

Amount of Each Disbursement this Period

215.00

☐ Memo Item

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

**C. Print Fast**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	2	4

Mailing Address 8412 Sabal Industrial blvd

City  
TampaState  
FLZip Code  
33619

FEC Identification Number

**C****Transaction ID : SB29.8270**

Amount of Each Disbursement this Period

1508.36

☐ Memo Item

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)..... ►

2274.76

	21b		22		23		26		27
	28a		28b		28c	X	29		30b

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEE

C

1.03

Memo Item

07 / 04 / 2024

C \_\_\_\_\_

Category/  
Type

1.75

Memo Item

07 / 06 / 2024

C

Category/  
Type

1.03

Memo Item

3.81



**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 17 OF 23

<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. Stripe**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2024

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

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:

FEC Identification Number

**C****Transaction ID : SB29.8253**

Amount of Each Disbursement this Period

1.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2024

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

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:

FEC Identification Number

**C****Transaction ID : SB29.8255**

Amount of Each Disbursement this Period

2.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2024

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

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:

FEC Identification Number

**C****Transaction ID : SB29.8257**

Amount of Each Disbursement this Period

1.03

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

4.68

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 23

<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. Stripe**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	9			2	0	2	4		

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

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:

FEC Identification Number

**C****Transaction ID : SB29.8252**

Amount of Each Disbursement this Period

0.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	1			2	0	2	4		

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

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:

FEC Identification Number

**C****Transaction ID : SB29.8251**

Amount of Each Disbursement this Period

0.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	2	4		

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

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:

FEC Identification Number

**C****Transaction ID : SB29.8248**

Amount of Each Disbursement this Period

0.88

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

2.06

	21b		22		23		26		27
	28a		28b		28c	X	29		30b

HILLSBOROUGH COUNTY REPUBLICAN EXECUTIVE COMMITTEE

M M / D D / Y Y Y Y  
07 13 2024

C
---

3.20

Memo Item

M M / D D / Y Y Y Y  
07 14 2024

C							
---	--	--	--	--	--	--	--

3.20

Memo Item

07 / 17 / 2024

C

1.03

Memo Item

7.43

**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 20 OF 23

<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. Stripe**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2024

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

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:

FEC Identification Number

**C****Transaction ID : SB29.8241**

Amount of Each Disbursement this Period

9.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2024

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

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:

FEC Identification Number

**C****Transaction ID : SB29.8239**

Amount of Each Disbursement this Period

5.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		22		2024

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

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:

FEC Identification Number

**C****Transaction ID : SB29.8240**

Amount of Each Disbursement this Period

1.75

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

16.27

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 23

<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. Stripe**

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.8237**

Amount of Each Disbursement this Period

4.65

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Stripe**

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	9			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.8238**

Amount of Each Disbursement this Period

0.74

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Stripe**

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	0			2	0	2	4		

FEC Identification Number

**C****Transaction ID : SB29.8235**

Amount of Each Disbursement this Period

0.88

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

6.27

**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 22 OF 23

<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. Stripe**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			3	0			2	0	2	4		

Mailing Address 354 Oyster Point Blvd

City  
San FranciscoState  
CAZip Code  
94080

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB29.8236**

Amount of Each Disbursement this Period

1.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. U S Postal Service**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	4		

Mailing Address 3501 Bessie Coleman Blvd

City  
TampaState  
FLZip Code  
33630

Purpose of Disbursement

Postage - Communications

Candidate Name

004  
Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB29.9826**

Amount of Each Disbursement this Period

680.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. U S Postal Service**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	4		

Mailing Address 3501 Bessie Coleman Blvd

City  
TampaState  
FLZip Code  
33630

Purpose of Disbursement

Postage - Communications

Candidate Name

004  
Category/  
TypeOffice 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:

FEC Identification Number

**C****Transaction ID : SB29.9827**

Amount of Each Disbursement this Period

680.00

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

1361.03

**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 23 OF 23

<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. USPS**

Mailing Address 2541 n dale mabry hwy

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	2			2	0	2	4		

City  
tampaState  
FLZip Code  
33607

FEC Identification Number

**C****Transaction ID : SB29.9825**

Amount of Each Disbursement this Period

340.00

☐ Memo Item

Purpose of Disbursement

Postage - Communications

004

Category/  
Type

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:

Full Name (Last, First, Middle Initial)

**B. USPS**

Mailing Address 2541 n dale mabry hwy

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	8			2	0	2	4		

City  
tampaState  
FLZip Code  
33607

FEC Identification Number

**C****Transaction ID : SB29.9804**

Amount of Each Disbursement this Period

98.60

☐ Memo Item

Purpose of Disbursement

Credit Card Payment - Itemized

001

Category/  
Type

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:

Full Name (Last, First, Middle Initial)

**C. USPS**

Mailing Address 2541 n dale mabry hwy

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	0			2	0	2	4		

City  
tampaState  
FLZip Code  
33607

FEC Identification Number

**C****Transaction ID : SB29.8268**

Amount of Each Disbursement this Period

680.00

☐ Memo Item

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:

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

1118.60

11559.59